	CORD. Every item of infor-	. PHYSICIANS should state	Exact statement of OCCUPA-	
V.S. No. 1 (-1) MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WH UNFADING INK-THIS IS A PERMANENT CORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Montgomer	Parichation Diel Ale 9 / LL
	Registration Dist. No.
Village or City duden /	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME George Clarence	e askins
(a) Residence: No. / Linden	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE A. A. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (ruprice the word) Separate	21. DATE OF DEATH March 13, 1933 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) HITE of Georgianua Kuckell	22. I HEREBY CERTIFY, That I attended deceased from
C DATE OF BURTH (Ash and Ash) Quele 4. Ash	last saw h. March 9, 1933; death is sain
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at . 3. A.m.
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Laborer SAWYER, BODKKEEPER, etc.	Cardio- Reval Diseas 0 1931
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this securation (many bank) and the security of	
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and select 1932 spent in this occupation.	
12. BIRTHPLACE (city or town) Brookville	Other Coatributory Causes of importance:
(State or country)	
13. NAME Elic askins	
14. BIRTHPLACE (city or town) Montgomery Cong	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Mary Bright	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Guithers Purg	Accident, suicide, or homicide? Date of Injury, 19
X (State or country) MA	Where did injury occur?
17. INFORMANT Susie askins (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Continuelle and Date 3/12 1932	Nature of injury
19. UNDERTAKER Marrier E. Crimpblirey	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Gran 13 , 1983 J. To bender	(Signed) Webster Sewell M.
20. FILED Was 13 , 1983 2 6. While Registrar.	(Address) Silver Springs, Mid.
If more blanks are needed address State Penistran	Otto N. Charles Street Polisings Provided 51 C. A.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The transfer of the same of th	Address of the State of State			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state of OCCUPAof infor-CORD. Every item PHYSICIANS Exact statement stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be N. B.-WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	WD—CERTIFICATE OF DEATH (13048
County montgomercy	Registration Dist. No. 2/6
Village or City Cheery Chase, M	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary & Quate	200
(a) Residence: No.9103 Correction (Usual place of abode	Cove. St., Ward.
PERSONAL AND STATISTICAL PARTICULA	ARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WORD DIVORCED (write	the word) March, 11 - 193 3
5a. If married, widowed, or divorced HUSBAND of WIFE of Review Questionsen	22. January CERTIFY, Thet I attended decessed from 1933, to March 11 1933
6. DATE OF BIRTH (month, day, end year) Sept. 8, 1881	lost saw h. On alive on Mun. 8 , 1933; death is said
	LESS than to have occurred on the date stated above, at 3 2 m.
	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this corruption (month and	Chruic valuralar heart distant 11
work was done, as SILK MILL, SAW MILL, BANK, etc.	Marshirlia - Torcia adamona &
O 10: Date deceased last worked at this occupation (month end year) 11. Total time (year spent in this occupation.	- of they wid gland,
12. BIRTHPLACE (city or town) Berkeley Apr	Other Contributary Causes of importance:
(State or country)	(leule my ocardia)
13. NAME auguste & Sonston	manffecience.
14. BIRTHPLACE (city or town) (State or country) Level Virginia	Name of operation Date of What test confirmed diagnosis? While Blood Was there an allows the
15. MAIDEN NAME Makey E. Breezer 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury
2) (Stete or country) West Direction	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Philip austenson (Address) 9103 Connecticut Que, Ch	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	Manner of Injury
Place De De De Die Mal. 14	
19. UNDERTAKER Warner E. Pumphreum (Address) Por Parilla And.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED MAN 13, 1933 D.B. C. Ber	Register. (Signed) 1726 Eye SV U, W. M. D.
If more blanks are needed, address S	tate Registrar, 2415 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, hame other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	LER 4 1643	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.S.	July 5,1927	Peritonitis	3 days ago	
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state Exact statement of OCCUPA. CORD. Every item of infor-AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. supplied. mation should be carefully N. B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3049)
County mont	Registration Dist. No. 2
Village or City M. Sandy Spring	NoSt.,Ward
Length of residence in aity or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thomas J. Barnst	ey
(a) Residence: No. Rockwille - md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mar - 15 th (Month) (Day) (Year)
56. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy V. Barrislay	22. I HEREBY CERTIFY. That I attended deceased from Marc 15, 1933, to Marc 15, 1933
6. DATE OF BIRTH (month, day, and year) July 14 - 1883	I last saw h alive on
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm.
49 8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked et this occupation (month and company).	Coronary occlusion 7/5/33
10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation (coupation)	Other Cautributory Causes of importance:
12. BIRTHPLACE (city or town). Avery Montg. Co. (State or country) Malyland	
I 13. NAME J. N. Barnsly	
13. NAME J. W. Barnsly 14. BIRTHPLACE (city or town) Olysly Manualanta (State or country) Manualanta	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Carbline Co. Cashell	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Lay Hell Monly Co. (State or country) Many Land	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19
17. INFORMANT Edw. & Barusley (Address) Bluer moule Comos	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL Place Rockwillend Date Mar. 18, 1933	Manner of injury
19. UNDERTAKER Um Reuben Primphry (Address) Rockwille mil	24. Was disease or injury In any way related to occupation of deceased? 700
20. FILED MARIT, 1933 Clausley Resistrar.	(Signed) Olas Osmubleson M. D. (Address) Saudi Shira Tarl

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. J.No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

WRITE

CAUSE

LION

back

Date of onset egistrar. (Address) ... If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93051
County Montgomery	Registration Dist. No. 223
Village or City Taxama Parx	NoWashington Sanitarium & Nosp. Ward
(If	death occurred in a hospital minstitution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in 0.5. If of foreign birth?yrs,mosds,
	ughten
(a) Residence: ND. 10 erwyn Md. (Usual place of abode)	St.) Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH March 23, 193 3
	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Le Roy Boughton	22. I HEREBY CERTIFY, That I attended deceased from Warch 21, 19, 33, to Warch 23, 19, 33
6. DATE OF BIRTH (month, day, and year) Sept. 190 1885	I last saw here alive on March 23 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at _GZ_m.
47 6 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Jousewice SAWYER, BDDKKEEPER, etc.	Date of onset
kind of work done, as SPINNER, Housewife SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, own home 10. Data deceased last worked at this occupation (month and this company). 11. Total time the second in this company in the second in the sec	Chronic Myrcarditi: 1932
10. Data deceased last worked at this occupation (month and year) - January - 1932 11. Total time (years) spant in this occupation 28	
12. BIRTHPLACE (city or town) Cosselton (State or country) North Cacolina	Other Contributory Causes of importance:
13. NAME William H. Best 14. BIRTHPLACE (city or town) Farmington, Minn	
(State of country)	Name of operation
15. MAIDEN NAME Abbie White Hall	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Abbie White Hall 16. BIRTHPLACE (city or town) Maine (State or country)	Accident, suicide, or homicide?
17. INFORMANTWashington Sanitarium Records (Address) Taxoma Park, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place of all survey med Date Mich 24/19.03	Manner of injury
19. UNDERTAKER H. Jaselis Joseph (Address) Mr. Marelle M. D.	24. Was disease or injury in any way related to occupation of deceased? Pro
20. FILED Mars 4, 19.33 %. E. Rogers Registrar.	(Signed) Collarry M.D. (Address) 222 Mark and Telemaph
If more blowbe are meded address See Pain	N. Ch. J. C B. L

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attock of enilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gostroenteritis 1 year

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23 03006
County Montgomery Co.	Registration Dist. No. 214
Village or City RACKATILE YR ES	7 St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charlotte Orr	um.
(a) Residence: No. / Vollando lorns	VA, Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIOOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR Olyorced (write the word)	March 28 1933
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of Cor) WIFE of Roles & Bases	22. 1 HEREBY CERTIFY, That I attended deceased from
work grown.	March 81 , 1933, to March 28, 1933
6. DATE OF BIRTH (month, day, and yeer) Sec 11, 18 73	t last saw h 42 elive on Mark 26, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3:15 /1.m.
59 3 17 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Tulmonary dufesculous Dec 32
SAWYER, BOOKKEEPER, etc.	Clerts V 3 Jan
a work was done, es SILK MILL, SAW MILL, BANK, etc.	
0 10. Date deceased lest worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) - Double	Other Contributory Causes of Importance:
(State or country)	munimina urwan out
13. NAME James Selett	
13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	Neme of operation Dete of Dete of
(State or country) Manufand	What test confirmed diagnosis? And Ex- Was there an autopsy? Ho
15. MAIDEN NAME Omilla dory	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury
(State or country)	Where did injury occur?
17. INFORMANT Mary Handrion	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Survey shaine Me	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Oete Just 1930	Nature of Injury
19. UNOERTAKER To to there	24. Was disease or injury In any wey releted to occupation of deceesed?
(Address) Gaethersless & ned	If so, specify
20, FILEO MAT 29, 1933 W. June	(Signed) M. O.
Registrar.	(Address) Reserve Apening, Md-
If more blanks are needed, address State Registrar,	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Causes Date of onset	
Arteriosclerosis	1915	Attock of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
5				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	of importance were as follows:	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

	Every item of infor-	CIANS should state	ement of OCCUPA-	/
W.S. No. 1 (-1) MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, W. UNFADING INK-THIS IS A PERMANENT CORD. Every item of infor-	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	CAUSE OF DIATH in plain terms, so that it may be properly classified. Exact statem	TION is very important. See instructions on back of certificate.
>	ż			

SIAIL O	F MAR	YLAND—	CERTIFICATE OF DEATH
County Montsome	heele		Registration Dist. No. 216
Village or City hevy Cha	se, Md.	(1	No. 3908 Oliver St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where de	ath occurred	yrs,mos	sds. How iong in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Anna Marg			N 2 2
(a) Residence: No. 3908 011	(Usual place o	f abode)	hase, Md. Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH
Female White	5. SINGLE, MARI OR DIVORCED Widow	(write the word)	21. DATE OF DEATH (Mortin) (Dey) (Year)
5e. if married, widowed, or divorced BUSEANO XI (or) WIFE of Edward Cai			22. I HEREBY CERTIFY, Thet I attended deceased from
E DATE OF BIRTH (month down and war)	17+h	1051	i last saw h
6. DATE OF BIRTH (month, day, and year) NO 7. AGE Years Months	v.,13th	If LESS than	i last saw h elive on
82 1	16	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession as particular	10	ormin.	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etcHO. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	usewife		Cerebral hemorrhage Mans
10. Date deceased last worked at this occupation (month and year)	11. Total tir spen occur	ne (years) tin this pation	
12. BIRTHPLACE (city or town)		***	Other Contributory Causes of importance:
13. NAME David Grechi	st		The contract of the second
13. NAME David Grechi 14. BIRTHPLACE (city or town) (State or country) Pa			Neme of operation Date of
15. MAIDEN NAME	Miller		What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	111.4		Accident, suicide, or homicide? Date of injury, 19
(State or country) Pa			Where did injury occur?
17. INFORMANT Mary Forney (Address) 3908 Oliver S	t. Chev	v Chase.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Pl	Dete Man	30 1933.	Manner of Injury
19. UNDERTAKER 2001 – 14th S	t N.W	nes Ch	24. Was disease or injury in any way related to occupation of deceased? No
20. FILED Mar. 29, 1933 B.	C. Perr	Registrar.	(Signed) (Address) 1832 - Kal, Rowash A)
If more bla	inks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage BIRYAU V. S.	July 5,1927	Peritonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

	S	TATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	
	ACE OF DEA		200			3055
Cou	inty Man	taoma	The state of the s		Registration Dist. No. 21)	
Vill	age or City Q	mary,	mid.	(16	No. Monta Co. den . Jones to St., death occurred in a horpital or institution, give its NAME instead of street and	Ward
Len	gth of residence in o	city or town where	daath occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrsm	iosds.
2. FUI	LL NAME	Charlan	2 Cart	ter		
(a)	Residence: No.	maar CR	(Usual place		St., Ward. If nonresident give city or town and.	I State
	RSONAL AN	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
J. SEX		OR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (bonth) 1 2 (Day)	., 193.3
5a, If marri	ied, widowed, or div		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(bonth) / (bay)	(Year)
	VIFE of	lenk	moren		22. HEREBY CERTIFY, That I attended	decaased from
6 DATE O	F B1RTH (month, da		10	5624	19.33, to 3.13.1	, 19
7. AGE	Yaars	Months	Days	If LESS than	to have occurred on the date stated abova, at 1	r.; daatii is said
	69	7	3	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:	
z 8. Tre	ede, profassion, or p	particular		[VI accounting	wata as tuliows.	Date of onsst
PATION	kind of work done SAWYER, BOOKKE fustry or businass i work was dona, as SAW MILL, BANK,	n which	talor	- 70	Bronches - Pnrummea	2/9/33
10. Da	saw Mill, Bank, te deceased last wo this occupation (mo year)	rkad at	11. Total ti	me (years) nt In this pation		-
	PLACE (city or town)		. pation	Other Cantributary Causes of importance:	
1	ate or country)	Mary	yland		Ingluma	3/7/3
当 13. NA	ME Char	Dea 12	witer		0	
13. NA 14. BIR	RTHPLACE (city or t (State or country)	own)	enous		Name of operation	autonsy? Zw
当 15. MA	IDEN NAME	last.	enser		23. If death was dua to axternal ceuses (VIOL ENCE) fill in also the following	g:
15. MA 16. BIR	RTHPLACE (city or t (State or country)	own) - Lens	enous		Accident, suicide, or homicide?	, 19
	dress)	- Loren	va.a		Specify whathar injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
18. BURIAL	CREMATION, OR		Date Theory	A. 15, 1973	Manner of injury	
19. UNDERT	TAKER WAY	mer &	-10 um	Lorenza	24. Was disease or injury in any way related to occupation of daceased?	no.
20. FILED	mar 14	1933 Cl	Barredo	4	If so, specify (Signad)	M. D.
	\			Registrar.	(Address)	

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BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		X - X	

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RUBUAU V S	,			
Other contributory causes of importance:		Other contributory causes of importance:		
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ADDITIONAL SPACE FOR FURTHER STATEMENT	S BY	PHYSICIAN
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(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemuid, etc. If the occupation has been changed en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH. work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many report specifically the occupations of persons en-Foreman, For many occupations a Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Salesman. single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,");

(Recommendations on statement of cause of death American Medical Association.) tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," approved as fracture of skull, carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the 'Congenital,' "Senile,' etc.), "Dropsy,
" "Heart failure," "Haemorrhage, and consequences (e. g., sepsis, Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1	1. PLACE OF DEA	ATH WITHIN				058
	County Mo	ntaom	eru		Registration Dist, No.	23
	Village or City		Parkin	/Ta.c. (16	Notas Lington San. + Nospital, death occurred in a hospital or institution, give its NAME instead of street and	Ward number)
	Length of residence in	city or town where	death occurred	yrsmos	. 1.3 ds. How long in U.S. if of foreign birth? 3.4 yrs. —	mosds.
	2. FULL NAME Y			istiani		
	(a) Residence: No.	610 Iru	ing St. (Yapal place of	f abode)	St., Ward. Washington D.	C,
	PERSONAL A				MEDICAL CERTIFICATE OF DEATH	
3.	Ma .	or or race hite	5. SINGLE, MARR OR DIVORCED Sing	(write the word)	21. DATE OF DEATH arch. 14	., 193_3 (Yeer)
5e	 If married, widowed, or di- HUSBAND of (or) WIFE of 	vorced	0		22. I HEREBY CERTIFY, Thet I attender	d deceesed from
-					March 1, 1933, to March 1	
1	DATE OF BIRTH (month, d	ley, and yeer) Ju	ne 24,	1882	Hest saw him alive on March 14, 193:	3.; deeth is said
7.	AGE Years 5 0	Months 8	Deys / 8	If LESS than 1 dey,hrs. ormin.	to have occurred on the dete steted above, et 1.2 i. 4 5 pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
ATION	8. Trede, profession, or kind of work done SAWYER, BDOKKI	e, es SPINNER, EEPER, etc	musici		ac Pyelonephritis of cimpund	Data of onset
OCCUPATION	work was done, es SAW MILL, BANK 10. Dete decessed lest w		olin te	ne (years)	Cardiac dilatation and	2
12	. BIRTHPLACE (city or town	orked et lonth and Feb, 19	mark	tin this 2 yrs.	Other Contributory Causes of importance:	Sudden
-	(State or country)		0		Cardiac Failure	
ATHER	13. NAME Emn	nil C	hristian	<u> </u>	0	
FAT	14. BIRTHPLACE (city or (State or country)		nmarı	ζ	Neme of operation Dete of Was there en	autonsy?
HER	15. MAIDEN NAME	Likoli	ne Su	hr	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following	
MOTHER	16, BIRTHPLACE (city or (Stete or country)		mark		Accident, suicide, or homicide? Oele of Injury Where did injury occur?	•
17	. THE OTHER PROPERTY.	ington Soma P	anitarium ark, M	Records	(Specify city or town county and St.	ate) LACE.
18	BURIAL, CREMATION, OR	REMOVAL	2 Oge Mar	17, 1933	Menner of Injury	
19	UNOERTAKER (Address)	Charin	ANW W	ach DC	24. Was disease or injury in any way related to occupation of deceased?	no
20	FILED Mar 14	1983 1	(ER)	Registrar.	(Signed) Washington Laurtarium	M.D.
		7.0	11 1 11		A Technology	1000

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	H	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis (201	3 doys ago	
		43/1303		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH	— <u> </u>	920		
County Moulgomer	uj.		Registration Dist.	. No. 2/3
Village or City(medy Dataslor Length of residence in city or town where death occurred	74 vrs 0 mos	No. f death occurred in a hospital or it	nstitution, give its NAME inst	St., Ward
2. FULL NAME Jurnas (a) Residence: No. 17.5 # 2 90	Lassawa rmanler acc of abode)	7)-	_	city or town and State
PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL	CERTIFICATE O	
male Jolin - OR DIVOR	ARRIED, WIDOWED,	21. DATE OF DEAT	Harch a	7-8 ,193.3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. 1 HERE Selt 20'	BY CERTIFY,	That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 7. AGE Years Months Days 7.4 0 2	1 JG - 1859 If LESS than 1 day,hrs. ormin.	I last saw halive on to have occurred on the date The PRINCIPAL CAUSE OF I were as follows:	stated above, at	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decease as worked at this occupation of mothers and the second standard of the second standa	us	myocal	y Krombos	3/28/3
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	el (Furm)	Ludocas	lili	1920
12. BIRTHPLACE (city or town) (State or country)	al time (years) spent in this cocupation 5 0	Other Contributory Causes of	Importance:	
13. NAME Victorias &	Dawson			
14. BIRTHPLACE (city or town) Tany	land	Name of operation	.7	Date of
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	woon-neph	23. If death was due to externa Accident, suicide, or homicide Where did injury occur?	I causes (VIOLENCE) fill in a	also the following: of injury, 19
(Address) (Sumanlown - 18. BURIAL, CREMATION, OR REMOVAL Place Vallsville MelDate M	au 31 1933	Manner of injury		
19. UNDERTAKER DM. Fruber To charelly mu	unflowed and	24. Was disease or injury in all if so, specify (Signed)		of deceased? 20
20. FILED 3/3/2, 1933 11. White	Registrar.	(Address)	eviens	ll My

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURYAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

		certificate.	TION is very important. See instructions on back of certificate.
of OCCUPA	Exact statement	properly classified.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA
should sta	. PHYSICIANS	stated EXACTLY	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta
item of info	CORD. Every	IS A PERMANENT	S.—WRITE PLAINLY, W. I UNFADING INK-THIS

STATE OF MARY	LAND-	CERTIFICATE OF DEATH	0.0.00
1. PLACE OF DEATH			3060
County montamere		Registration Dist. No. 2/	3
Village or City Rochordon	md.	NoSt.,	Ward
Length of residence in city or town where death occurred		denth occurred in n hospital or institution, give its NAME instend of street andds. How long in U.S. if of foreign birth?	
2. FULL NAME Soon a Sod			
(a) Residence: No. Rockeriala (Usual place of	ind.	St., Ward. If nonresident give city or town no	d State
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRI OR DIVORCED	(write the word)	21. DATE OF DEATH	>
male White merce		(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of		22. HEREBY CERTIFY, That attended	deceased from
(or) WIFE of alice & Dodaon		December 132,0 march 1	
6. DATE OF BIRTH (month, day, and year)	856	I last sew hem alive on Musch 13-, 193	3, death is said
7. AGE Yeers Months Deys	If LESS than 1 devhrs.	to have occurred on the date stated above, atm.	
77 1 12	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent	-8Ch	Houle and modellows -	-
work was done, es SILK MILL, SAW MILL, BANK, etc		Hemphleaco -	Dec.
	in this	- 11 Strategical	1932
year) occup	ation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)			
(State or country)		none	
13. NAME 14. BIRTHPLACE (city or town)		7-2-0	
14. BIRTHPLACE (city or town)		Name of operation Date of	7
	0 M	What test confirmed diagnosis Was there an 23. If death was due to external causes (VIOLENCE) fill In also the following	
I		Accident, suicide, or homicide? Date of Injury	
16. BIRTHPLACE (city or town) State or country)		Where did Injury occur?	
17. INFORMANT MIS Mildred D. Cus (Address)	esh.	(Specify cit) or town, county and Ste Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	te) .ACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Pocker Like Union Date March	4 16,1933	Nature of injury	
19, UNDERTAKER WAKER & Pumply	ROLL	24. Was diseese or injury in any way related to occupation of deceased?	no
(Address) Recherche, and	0.	If so, specify	
20. FILED 3/15 , 1933 Mus 21 T.	Frall	(Signed) A. Sentitute	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:	Walle		
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CORD. Every item of inforshould state of OCCUPA-PHYSICIANS Exact statement stated EXACTLY. IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING certificate. UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back of supplied. mation should be carefully TION is very important. -WRITE

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Montgomera	Registration Dist. No. 2/3
Village or City Offney - Jensoute to	Thoughtap) St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Clifton Donne	us.
HE 0 40	
(a) Residence: No. / Collins (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 12 - 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced	(1001)
(Or) WIFE Of Flora Incolor Do	
6. DATE OF BIRTH (month, day, and year) Dec. 3, 1910	performed autopsy on body
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, exclosed 2 A.M.
3 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8 Trade profession or particular	Date of onset
kind of work done, es SPINNER, Jabouer	Hemoerhage from puncture mary
9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	wound of heart 12,193:
0 10. Date deceesed lest worked et 11. Total time (years)	abouth
this occupation (months and year) 11. Total time (years) spent in this year) 1933 spent in this occupation.	- Kours V
12. BIRTHPLACE (city or town) Montgomery Co.	Dther Coutributory Causes of importance:
(State or country) 727d.	-V
13. NAME Hank Dorsey 14. BIRTHPLACE (city or town) Mid.	
14. BIRTHPLACE (city or town)	Name of operation 2002 Date of
(State of County)	What test confirmed diagnosis? [[
15. MAIDEN NAME Jullean Vall 16. BIRTHPLACE (city or town) D. C. 5.	23. If death was due to external causes (VIOLENCE) filly in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicides translated Date of injurious 1239 33
1:00:	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Rocherelle, And	In kubble road -
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Said to have been stables
Place Waskington, C.C. Date Mch. 14, 1933	Nature of injury Stab wound in left feet.
19. UNDERTAKER Marinera & Pumphrey. (Address) Rockerle, my	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3/14 , 19 33 Mrs. W. J. Prace - Registrar.	(Signed) M. D. M. D. (Address) Kockwille, M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

19 9

CORD. Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement IS A PERMANENT supplied. AGE should be stated EXACTL properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. I UNFADING INK-THIS þe CAUSE OF DEATH in plain terms, so that it may mation should be carefury B.—WRITE PLAI V. S. No. 1 ż

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-0 03062
County Montgomery	Registration Dist. No. 2/4
Village or City 6 Liferry 6 fine, 2lld.	No. 9504 Ward Mill Coalst, Ward death occurred in a houseful or institution, give its NAME instead of street and number)
011 11 0	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME albert Douglass	3/ 1. + 10
(a) Residence: No. Orence Confidence (Usual place of abode)	St., Ward. Mastuce Low, S, C, If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. Died befor of arrived at house
6. DATE OF BIRTH (month, day, end year)	I last saw h aliwe on, 19; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated abova, at 2:00 A.m.
54 75. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Treda, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	7 1 1 1
SAWYER, BOOKKEEPER, etc.	Meule Delatation Want 13.
work was done, as SILK MILL, SAW MILL, BANK, atc.	of TYLON, 1933.
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupetion (month and year) year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Hastering ton	Other Costributory Causes of importanca:
(State or country)	Chronic Myscarditis 1925
13. NAME calking	, , , , , , , , , , , , , , , , , , , ,
13. NAME 14. BIRTHPLACE (city or town) (Chain or country)	Name of operation Prove Data of
(State or country)	What test confirmed diagnosis? Clicaical Was there en autopsy?
15. MAIDEN NAME	23. If daath was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did Injury occur?
17. INFORMANT(Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Washington De Date 3 - B 1933	Natura of injury
19. UNDERTAKER JOLA ME Juico	24. Was disease or Injury in any way related to occupation of deceased? 200
20. FILED 2/13/33, 19 7 & Dukley Registrar.	(Signed) Herry S. Brown M. D. (Address) Alexangton, Wed
	2451 N. Charles Street, Baltimore, Requesting U. S. No. s.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GRAINS	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE PLAINLY, W. UNFADING INK—THIS IS A PERMANENT CORD. Every them of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	X	CORD. Every tem of infor-	PHYSICIANS should state	xact statement of OCCUPA-	
. 5	V.S.No.1 (MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, W. UNFADING INK-THIS IS A PERMANENT CORD. Every tem of infor-	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. E	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03063
County Montagenera	Registration Dist. No. 211
Village or City ne Danaseus	No. St., War
	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. M. Damaseus M. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sa. If married, widowed, or divorced	21. DATE OF DEATH march 6, 1983 (Month) (Oay) (Year)
HUSBAND of John Joseph Deeggan	22. Dec. I HEREBY CERTIFY, That attended deceased fro
5. DATE OF RIRTH (month, day, and year) June 2 1862 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h 2 alive on march 1933; death is sai to have occurred on the date stated above, at 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Sawyer, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and deceased last worked at this occupation).	Cancins ma granus fintan
12. BIRTHPLACE (city or town) Rr. Danaseus	Other Contributory Causes of importance:
13. NAME Rathan Frether	-
13. NAME Rallian Welhen 14. BIRTHPLACE (city or town) Nr. Damaseus (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au opsy?
15. MAIOEN NAME Chodu and Status 16. BIRTHPLACE (city or town) man Parmakans (State or country) 17. INFORMANT CACHE Duggan (Address) RD. Command and Mad.	23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicida?
18. BURIAL, CREMATION, OR REMOVAL Con. Date March 8, 1933	Manner of injury
19. UNDERTAKER HER Suyder Suyder (Addiess) The air nell	24. Was disease or injury in any way related to occupation of deceased that have
20. FILED Mar. 7, 1933 Dilla N. Burdette.	(Signed) Leage M. Boyn M. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

1 431 :1

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis (33)	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BULL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			2

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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County	ggracing	Registra	ation Dist. No. 2/8
Village or City		vc _{No.}	St W
Length of residence in city or town when		If death occurred in a hospital or institution, give its?	NAME instead of street and number)
16 -1	le Bentie	()	113 yrs
2. FULL NAME MANY	# Lold	8:	
(a) Residence: No.	(Usual place of abode)	If nonre	esident give city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFIC	ATE OF DEATH
3. SEX Jamele 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DWORCED (write the word)	21. DATE OF DEATH	V- 15'-, 1933
5a. If married, widowed, or divorced	7	(Month)	(Day) (Year
HUSBAND of (or) WIFE of		1 HEREBY CERT	That I attended deceased
\$	Da- 18 1613	I last saw here alive on the	2 - 15 , 19 3 3; death is
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the data stated above, at	4.5 " ucatii is
20 2	1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related	
8. Trade, profassion, or particular	ormin.	were as follows:	Date of o
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	Haurwork	(fulmonary fur	reulan 7/27
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc			/
work was done, as SILK MILL, SAW MILL, BANK, etc	11 Tatelaine (1111)	-	
this occupation (month and year)	11. Total time (years) spent in this occupation		
Ω_{\bullet}	ed-ne	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (Stata or country)			
I 13. NAME Carrest o	Dulen		
14. BIRTHPLACE (city or town)	1	Name of operation	Data of
14. BIRTHPLACE (city or town)(State or country)		What tast confirmed diagnosis?	
15. MAIDEN NAME Aum	ie Carter	23. If death was due to external causes (VIDLEN	
15. MAIDEN NAME		Accident, suicide, or homicida?	
(State or country)		Where did injury occur?	
17. INFORMANT Mashin (Address) Washin	glow live ma	(Specify of Specify whether Injury occurred in INDUSTRY,	inty or town, county and State) In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1111010	Manner of injury	
Placa Namengray	Madie March 17,192	Nature of injury	
19. UNDERTAKER ACKUL	the home hey	24. Was disease or injury in any way ralated to	occupation of deceased?
20. FILED March 16, 1933 Ro	ale Ja Falian	(Signed)	mules
	condition of the condition of		160.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc.

out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or hyginess excited the way of such general terms as "fixer" "for them?" (for them?) (for them?)

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, ctc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	The state of the s	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
					-	Y

A.	STATE OF MARYLAND—	
infor- state UPA-	1. PLACE OF DEATH	948
	county mantgamery	Registration Dist. No. 218
	Village or City Quithers Rung	No. St., Ward
.E 0	Length of residence in city of town where death occurred 38 yrs. mos.	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
Every CIANS tement	3 10 0	To his sou
RD. Every YSICIANS statement	2. FULL NAME IT achter Nove C	St. Ward.
page .	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
CO. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex.	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
	temale White Widowed	(Month) (Year)
ING NENC CTL sified.	5a. If married, widowed, or divorced HUSBAND of Cory WIFE of One OR	22. I HEREBY CERTIFY, That I attended deceased from
OVI	(or) WIFE of Carollon N. Etches or	10/1/ 19.32, to 3/23/ 1933
	6. DATE OF BIRTH (month, day, and year) Cuy 21 1885	I last saw h. & alive on
H - I &	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above at
FOR IS A stated proper	4 3 0 2 ormin.	were as follows:
- 70	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Communa Handrey Wash
	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
ERVI NK-T] should it may n back	Work was done, as SILK MILL, SAW MILL, BANK, etc. 11 Total time (vers)	
ESE INI INI E SI IT	11. Total time (years) this occupation (month and year) - 11. Total time (years) spent in this year) - 12. 14. 14. 14. 14. 15. 15.	
ARGIN RESPICED IN TEMPORATE IN THE PROPERTY OF	T. H. WI	Other Contributory Causes of Importance:
ADIN d. A d. As, so t	12. BIRTHPLACE (city or town). Alexandra Manual Fila. (State or country)	Jan & Oster Cold 20 3/1/2
ARGIN UNFADI upplied. terms, se		1132
D H P e	13. NAME Robert a. Gorge de 14. BIRTHPLACE (city or town) alongratique	Nama of operation. Date of
03 = = =	(State or country)	What test confirmed diagnosis?
refully in pla	15. MAIDEN NAME Rosa Linthicipy	23. If death was due to extarnal causes (VIOL ENCE) fill In also the following:
	15. MAIDEN NAME Road Linthicky 16. BIRTHPLACE (city or town) anne Ryundel Co-	Accident, suicide, or homicide?
PLAINLY, ould be early importery import	(State or country)	Whera did injury occur? (Specify city or town, county and State)
LAI DO DO TY	17. INFORMANT Rose of four of	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
	(Address) Saithlisting, Mid	Manner of injury
	Place Torest Jan Ly Date March 26, 19 33	Nature of injury
WRITE mation s CAUSE TION is	10 UNDERTAKER LAM. POLICE VILLE STATE	24. Was disease or injury In any way related to occupation of deceased?
B.—V	19. UNDERTAKER WM. Selbert united	If so, specify
N. W.	20, FILED 3/26 1933 alserda & Garle	(Signed) M. D.
» z	Registrar.	(Address) Sandy Sp. 7. 7. 2.
•	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dyi*g, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by strect car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastrocnteritis	1 year	
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county montgomery	Registration Dist. No. 2/3
Village or City Roclawll	NoSt.,Ward
(If Length of residence in city or town where death occurred \$\infty\$ or town where death occurred.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME John W Cara TI	
4.	100
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Toole white Widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Catherine Come Nalin	22. I HEREBY CERTIFY, That I attended deceased from 1933, to Monal 3 0 1933
6. DATE OF BIRTH (month, day, and yeer) May 8. 1852.	I last saw have alive on march 3.0 19.33 death is said
6. DATE OF BIRTH (month, day, and yeer)	to have occurred on the date stated above, atm.
80 10 23 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
I 8 Trade profession or particular	were as follows:
kind of work done, es SPINNEN, alice of the	Bilderal Pyrtilis 7/1/3
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this recruention (month and this preparation (month and this preparation).	7/
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation occupation	
00 20	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Care (State or country)	Histolitables / Nostate 3/1/2
E 13. NAME T RAMAGE CALLETT	1
13. NAME Thomas fairelt 14. BIRTHPLACE (city or town) Raskarlle	Name of operation Registration Date of 9/10/3
[14. BIRTHPLACE (city or town) 17.00 (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Catherine Came, Man.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Catherine Chur Maline 16. BIRTHPLACE (city or town) Raclaville	Accident, suicide, or Momicide? Date of injury 19
State or country)	Where did injury occur?
17. INFORMANT Hospital Records	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address)	Imm!
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Beckelles Mide Date Up at 22 , 1923,	Nature of injury
19. UNDERTAKER Warner & Jumphrey	24. Was disease or injury in any way related to occupation of deceased?
(Address) Rackerlle	If so, specify
20. FILED 4/1 , 1933 Wus W. J. Pract	(Signed) MD.
Registrar.	(Address)
aj more vianks are needed, dadress State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

11.—Ine number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsu Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA. -WRITE PLAINLY, W. UNFADING INK-THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

FOR BINDING

MARGIN RESERVED

V. S. No. 1 N. B.—V

STATE OF	M'ARYLAND—CERTIFICATE	OF	DEATH	03067

1. PLACE OF DEATH	108
County Mongomery	Registration Dist. No. 2/8
Village or City Etchison	No. St., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clarence Edward Gre	en-
(a) Residence: No. Stehison md.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (zwrite the word) 1. COLOR OR RACE 1. COLOR OR RACE 1. OR DIVORCED (zwrite the word)	21. DATE OF DEATH March // 1933 (Year)
5a. If married, widowed, or off orced HUSBAND of Jearl Harris Treen	22 March 3 1933 to march // 1933
6. DATE OF BIRTH (month, day, and year) March 12, 1894	I last saw ham alive on Masch 11 , 19 33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8 _ 4m.
38 // 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Black Smith	Lobar Treumonia 9 Lagra
kind of work done, as SPINNER. Slack Smith SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 15	
12. BIRTHPLACE (city or town) Mr. Laytonaville mod	Other Contributory Canses of importance:
(State or country) II 13, NAME Tose Sh A Green	
14. BIRTHPLACE (city or laws) } Germany	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy? My
15. MAIDEN NAME Gatherine R. Helber 16. BIRTHPLACE (city or town) Monly 63.	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) 100114 - 60. (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT MM. Pearly Green (Address) & Faithersbury mil	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Electron Country Date Much 13, 1933	Manner of injury
19. UNDERTAKER Loy It - Garber (Address) Laylonsville md.	24. Was disease or injury in any way related to occupation of deceased? Pro
20. FILED Mar 13 , 1933 Vient Depou	(Signed) Leage M. Goyer M. D. (Address) Damas Lea, M. D.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state CORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement stated EXACTLY. H UNFADING INK-THIS IS A PERMANENT properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be fully supplied. TION is very important. mation should be car N. B.-WRITE PLAIN

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	03068
County Montgomery	Registration Dist. No. 223
	No. 8/7 Davis Que Sty. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. il of foreign birth?yrs,mosds,
2. FULL NAME alogoia M. Suda	
(a) Residence: No. 8 17 Course Que (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wednesday	21. DATE OF DEATH (Month) 193.3. (Year)
5a. II married, widowed, or divorced HUSBAND of (or) WIFE of January a. W. Jude	22. A HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) T, 1879	Hast saw h. Ensive on March 10, 19.3.3 death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
53 9 H ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Malestilas perilo a/n/23
9. Industry or business in which	ga/00
work was done, as SILK MILL, SAW MILL, BANK, etc	
O TO. Date deceased last worked at this occupation (month and year) spent in this occupation coupation coupation.	
12. BIRTHPLACE (city or town) Outrest of Columbia (State or country)	Other Contributory Canses of importance:
13. NAME Welliam Our lan	
13. NAME (velliam Our lay) 14. BIRTHPLACE (city or town) District of Columbia (State or country)	Name ol operation
15. MAIDEN NAME Blanche Sonator	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
16. BIRTHPLACE (city or town) District of Columbia (State or country)	23. II death was due to external causes (VIOL ENCE) fill in also the Iollowing: Accident, suicide, or homicide?
17. INFORMANT Francia Gue Ja Soma Par & Mid.	Where did injury occur?
18. BURIAL, EREMATION, OR REMOVAL Place CELAR WILL Consterney Date Make. 14, 1933.	Manner of Injury
19. UNDERTAKER LUTANOR E. Pumphray (Address) Rochardo Maryland	24. Was disease or injury in any way related to occupation of deceased? 700
20. FILED March 12,19 33 & E. Cogers	(Signed) (Address) (Address) (Address)

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, nuchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
\\ 8022A0	د الله		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Year)

Date of onset

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Chronic interstitial nephritis	1921	Run over by street of		1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	in the same	3 days ago	
			GEVED		
Other contributory causes of importance:		Other contributor	ry causes of importance:		
Gallstones	May 1,1923	Gastroenteritis		1 year	

1. F	PLACE OF DEA	TH C	JE MAR	TLAND	CERTII	- (59)	OF DEA	NIII	03040
	County 72	ont	tg			<i>C.</i>	Registration	Dist. No. 2	12
	Village or City	Cool	roul	101	If death occurred in	a hospital or institu			and number)
	Length of residence in a	ity or town where	death occurred	yrsm	s. Dertilds. H	low long in U.S. if o	f foreign birth?	yrs	mosds.
2. F	TULL NAME	Sar	al 2.	reclos	Hal	<u>/</u>			
District Contract	(a) Residence: No.		(Usual place		\$t.,	Ward.		Il give city or town	Maria de la companya del companya de la companya de la companya del companya de la companya de l
	PERSONAL AT					MEDICAL C	ERTIFICAT	E OF DEAT	H
3. SEX	7 4. col.	OR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED, (2D (Twrite the word),		OF DEATH	(Month)	24/ (Day)	193 3 (Yeer)
5a. If n	narried, widowed, or div USBAND of	orced		rti	BI E J JIII				
	r) WIFE of			ials Ric	-	HEREBY	CERTIF	Y. That I atten	ded deceased from
6. DAT	E OF.BIRTH (month, da	y, end yeer)	nor 2	4-1933	I last saw h	alive on	affer	10019	death is sald
7. AGE	. Years	Months	Days	If LESS than		ed on the date state	ed above, at	(m,	
	0	0	0	1 day, hrs	were as follow	AL CAUSE OF DEAT	[H and related cau	ses of Importence	Date of onset
NOI.	Trade, profession, or p kind of work done SAWYER, BOOKKE	particular , as SPINNER. EPER, etc.	hom	190	e i on	unaf	ure b	infly	Date di diset
OCCUPATION	. Industry or business i work was done, as SAW MILL, BANK,	n which		\$*) • • • • • • • • • • • • • • • • • • •	abo	w/6-	mon	M	
00 10	Date deceased last wo this occupetion (mo year)	orked at onth and	11. Totel sp.	time (years) ent in this cupation					
12. BIR	THPLACE (city or town (State or country)	Prop	leane	26 31	Other Coatribu	atory Causes of impo	ortance:		
표 13.	NAME Ed	was	11/1	A Palu	Parebras To				
14. 14.	BIRTHPLACE (city or t	own)	lesve	ill	Name of opere	etion		Date	af
-	(State or country)	1119	1	1-11 11	What test confi	irmed diagnosis?	+	Was there	en eutopsy?
E	MAIDEN NAME	own)	orlie	ville	-	due lo axternal ceu de, or homicide?			
E	(State or country)	7	1/ 0	n	Where did inju	iry occur?	/6 1		· · · ·
17. INF	ORMANT 72 (Address)	tha	Hall	<u> </u>	-Specify whether	er injury occurred in	n INDUSTRY, in H	or town, county and OME, or In PUBLIC	PLACE.
18. BUF	Place Place	REMOVAL	Date The	1 24, 1932	Manner of inju	ıry			
19. UNI	DERTAKER W	this	rour	vyllo	24. Was disease	e er injury in eny w		pation of deceased	?
20, FIL	(Address)	1933	Evu	Ris	if so, specify (Signed)	Elv,	white	2 0	M. E
				Registrar.	(A	ddress)	THE	vill-	

CTATE OF MADVI AND CEDTIFICATE OF DEATH

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BUREAU T. St.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	-		(131)		
County Mont			Registra	ation Dist. No. 2/	12
Village or City Mary	Instrur	a	No.	Çİ'	Ward
	22	1	death occurred in a hospital or institution, give its I		nd nomber)
Length of residence in city or town where	death occurred	yrsmos	ds. How long In U.S. if of foreign birt	h?yrs	_mosds.
2. FULL NAME TEL	- Ha	llm	an		
(a) Residence: No.	(Usual place of	abode)	St., Ward.	sident give city or lown	and State
PERSONAL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFIC	ATE OF DEATH	1
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRI OR DIVORCED		21. DATE OF DEATH (Month)	(17 (Day)	, 193 3 (Yeer)
5a. If married, widowed, or divorced	- /	- 19	(workin)	(Day)	(1661)
HUSBAND of Cor) WIFE of Cliase	Hallm	gu-	J. HEREBY CERT	IFY. That I attend	
6. DATE OF BIRTH (month, day, and year)	bout 18	61	Mast saw ber alive on Mo	1 /6 ,193	3; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, et	4 9 m.	
about 72		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted	f causes of importance	
8. Trade, profession, or particuler kind of work done, as SPINNER, ASWYER, BOOKKEEPER, etc.	tous: 4	arh	Interne		1930
9 Industry or business In which	1.	1	nethritage	A 4.	
work was done, es SILK MILL, SAW MILL, BANK, etc.	rown-	one	mittal	rauffre	b
10. Dato deceased last worked et this occupetion (month and year)	11. Total tim spant	e (years) in this 5 5		//	4
Jean Jean Jean Jean Jean Jean Jean Jean	Occupa	@)	Other Contributory Capses of importance:	16	1 2 .
12. BtRTHPLACE (city or town) (Stete or country)	mek	0	acute my	verde	Moren
	10				16
13. NAME HAMME	nomp	and a			197
13. NAME A MULL 14. BIRTHPLACE (city or town) (State or country)			Name of operation	Date • Wes there	f en eutopsy?
15. MAIDEN NAME Sour	a eve	nd	23. If death was due to external ceuses (VIOLEN	CE) fill in also the follow	ving:
0 16. BIRTHPLACE (city er town)			Accident, suicide, or homicide?	Dete of injury	, 19
(State or country)	4 1		Where did Injury occur?		
17. INFORMANT Bula (Address)	rthur	me	(Specify of Specify whether injory occurred in INDUSTRY,	city or town, county and S in HOME, or in PUBLIC	
18. BURIAL, CREMATION, OR REMOVAL	v ava		Manner of injury		
Place Marfuelu	4 Dete Ma	119.1033	Nature of Injury		
19. UNDERTAKER HULTO	y + Pr	rec	24. Wes diseese er injury In eny way related to	occupation of deceased?.	no
(Address) Barnen	le wo	1)	If so, specify	Ar	
20. FILED MON 18, 1923 -	Euro	Registrar,	(Signed) What (Address)	wall.	m fm. D.
	4. 4	***************************************	(1000)	7	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		2 10 - 10 14 11 14 14 14 14 14	

1PLACE OF DEATH	STATE OF MARYLAND
County monta G	92-al CERTIFICATE OF DEATH
Y	Registration Dist. No. 2/3
Village or City Suca (No	St:: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH MOULE 18 , 1933 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 10, 1844 (Month) (Day) (Year)	that I last saw h la alive on March /5 , 1983,
7 AGE [If LESS than	and that death occurred on the date stated above, at 12:05 Am,
88 yrs. 10 mos. 9 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Housewiff particular kind of work	mulral regungulation
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) /5 yrs. mos. ds.
9 BIRTHPLACE (State or country) Bulto Ind	Contributory Secondary (Duration) Qurs
10 NAME OF Daniel Harrier	(Signed) / Alwers Dansmille MA
OF FATHER (State or country)	*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Eliza Preun	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Balts Ma	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Ella of Stateram (Address) Senera Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3/2/ 1983
15 Filed 3/18. 183 4, Moursola O	This Sugeon 1011-7 that
If more banks are needed, address State Registral	, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement whatever, write None. or given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Physician, Compositor, Architect, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a Farm laborer, Laborer-Coul mine, etc. Womyrs). For persons who have no occupation (b) Cotton mill; (a) without more precise specification as Day of Occupation-Precise statement of oc-Salesman. (b) single word or term on Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Wcakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "E:haustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chranic valualar heart disease; Chronic interstitial nephritis, etc. The contributory Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby "Heart failure," Committee on and consequences (e. g., sepsis, Example: Measles (disease "Senile," etc.), "Dropsy, failure," "Haemorrhage, Nomenclature of the

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE	OF MAR	YLAND-	CERTIFICATE	OF DEA	TH (3073
1. PLACE OF DEATH CO						
County		*****		Registration	Dist. No. 2	17
Village or CityOlney	VId		No.	N	St.,	Ward
Length of residence in city or town where	death occurred	yrs,mo:	How long in U.S. if	f of foreign birth?	L instead of street and	mos. ds.
2. FULL NAME Annie He						
(a) Residence: No. Go i +1	awkins	* 12	St. Ward.			
(a) Residence: No. Gaitl	(Usual place	of abode)	_00., Watu.	If nonresident	give city or town ar	nd State
PERSONAL AND STATIST				CERTIFICATE	OF DEATH	
3. SEX Female 4. COLOR OF RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	Mar	5th	193 33
En Managinal and a significant	Marr	ried	A CHIEF CONTROL	(Month)	(Day)	, 193 (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. O INHERÆB	X CERTIF	Y. Thatal Attendé	d de dased from
James Ha	awkins		4/0/8/3.	719 to	1-3/-5/	32 1933
6. DATE OF BIRTH (month, day, and year)	1		I last saw har alive on.	muc	4,19.3	3. death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date sta		0-30 Am	1
ADDU.		1 day,hrs.	The PRINCIPAL CAUSE OF DE	ATH and related caus	es of Importance	Datemaneat
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Touse V	life	alxa	11011	2.06	1-1-1-
kind of work dona, as SPINNER, SAWYER, BOOKKEPPER, etc. 9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and		Vork	Sour	m a	nav	Jun
work was dona, as SILK MILL, SAW MILL, BANK, etc.						V
10. Date deceased last worked at this occupation (month and	11. Total ti	me (years) it in this			bou	11930
yaar)	oc:u	pation	Other Contributory Causes of Im			1.7.0
12. BIRTHPLACE (city or town) Maryla	and		Other Conditionary Causes of Illi	portance.		
(State or country)	7					
# 13. NAME Carter Terry	Md					
13. NAME Carter Terr	*************		Name of operation	• • • • • • • • • • • • • • • • • • • •	Date of.	*********
(State of Country)	arrer		What test confirmed diagnosis?.	*************	Was thera an	autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	ıld		23. If death was due to external c			8
16. BIRTHPLACE (city or town) (State or country)			Accident, suicide, or homicide?		Date of injury	, 19
			Where did Injury occur?	(Specify city or	town, county and St	ate)
47. INFORMANT James Hawk:	ns		Specify whether injury occurred	in INDUSTRY, in HO	ME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL	rsburg	nd zz	Manner of Injury			
Place BIOOK GIO	Date Name	8th 33	Nature of injury			
19. UNDERTAKER Ernest C	Gartner		24. Was diseasa or intury In and	wdy elated to occupa	ripprof dAeased	IN
	ersburg	Md	If so, specify	V. X	gue	1
20. FILED Mar 7 , 19 33 B	Barno	les -	(Signad)	1 14	011/	C39 1/2.
		Registrar.	(Address)	WIN	NUN	9 1
If more	blanks are needed, a	Adress State Registrar,	2411 N. Charles Street, Baltimore, 1	Requesting V. S. No.	I.	1 /100

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage .	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 yeor

County MCG				Registration	Dist. No. 2	14
Village or City Lelong +	pring	715	No.		St.	Wai
Length of residence in city or town where de	eath occurred		death occurred in a hospital or insds. How long in U.S.			
2. FULL NAME John	The	mar	Hagne			
(a) Residence: No. 9512	(Usual place of	ang.	St., Ward.	If nonresident	give city or town and	d State
PERSONAL AND STATISTIC	CAL PARTIC	ULARS	MEDICAL	CERTIFICATE		
Male While	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH	Mar.	25	. 193
e. If married, widowed, or divorced HUSBAND of	,			,	(Dey)	(Yeer)
(or) WIFE of Joze 1) A	agen	-	22. I HEREE	BY CERTIF	Y. That I ettended	
. DATE OF BIRTH (month, day, end yeer)	7.24	1860	Hast sew his alive on.			
AGE Years Months	Deys	If LESS than	to heve occurred on the date s		747	,
72 5	2	1 dey,hrs.	The PRINCIPAL CAUSE OF DI were es follows:	EATH end related ceuse	os of Importence	10.00
8. Trade, profession, or perticular kind of work done, as SPINNER,				/		Date of ar
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	accr b	uzen	Mylines	Cereb	us.	March
work was done, es SILK MILL, SAW MILL, BANK, etc.			west	4		-
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked at this occupation (month end yeer)	11. Total tim spent occup	in this				
2. BIRTHPLACE (city or town)	belin.	G.	Other Cautributary Causes of in	mportance:	aio	10-
13. NAME Q- 0. W. H.	zur		arterio	relen	pring	15=
f 4. BIRTHPLACE (city or town) F. (State or country)	uhlin	Co.				- -1-2-3
15. MAIDEN NAME Eles The	The arm	Keens	What test confirmed diegnosis? 23. If deeth was due to externel			
16. BIRTHPLACE (city or town)	sul lin	-Co.	Accident, suicide, or homicide?			
(Stete or country)			Where did injury occur?			
7. INFORMANT MAR. HOW	nec		Specify whether injury occurre	d In INDUSTRY, in HO	town, county and Sta ME, or in PUBLIC PL	ACE.
(Address) 50/2 / 2 / 2 / 3 & 2 / 3 & 2 / 3 & 2 / 3 & 2 / 3 & 3 & 3 & 3 & 3 & 3 & 3 & 3 & 3 & 3	ave.	0 -				
Plece G.	Date Mar	128 ,1933	Menner of injury			
9. UNDERTAKEN A White Control of the	10	***************************************	24. Was diseese or Injury in an	y way releted to occupa	ition of deceased?	10
0. FILED May 27 1953 7	E 18,00	de	(Signed)	B. H	ayre	N N

6,36,40

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		(a.		

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ETION is very important. See instructions on back of certificate. UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

N. B.-WRITE PLATNLY, W V. S. No. 1

STATE	OF MARYLAND-	-CERTIFICATE OF DEATH	
1. PLACE OF DEATH		93-6	03075
County Hontgomer	STHWI LE	Registration Dist. No	223
Village or City Taled	ma Parks ELIMITE	No. Washington Sanitasum + Ho (If death occurred in a hopping log institution, give its NAME instead of str	reet and number)
Length of residence in city or town wh	nere death occurred yrs. I m	osHds. How long in U.S. if of foreign birth?yrs	ds.
(a) Residence: No.	Hernolon (Usual place of abode)	St., Ward. Jurgusta If nonresident give city or to	own and State
PERSONAL AND STATI	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	ATH
3. SEX 4. COLOR OR RACE Vhite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Warch (Bay)	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of Or WIFE of Mr. E. Lowins	W. Hessich	22. THEREBY CERTIFY, Thet I a	ittended deceased from
5. DATE OF BIRTH (month, dey, and year)	Och 4 1876	I last saw here alive on Worch 5	19.3.3; deeth is said
7. AGE Years Months	Days If LESS than 1 dey,hr	to have occurred on the date stated above, at 2 m. The PRINCIPAL CAUSE OF DEATH and releted causes of importan were as follows:	ice
8 Trade profession or particular		were as ronows.	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc	Louse beefree	Myocarditio	1929
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	Own Home		
Date deceased last worked et this occupetion (month end year)	11. Total time (years) along spent in this occupetion 2944	2	
12. BIRTHPLACE (city or town) U.S.C. (State or country)	shington	Other Contributory Causes of importance:	1800
xl. B	21	allericchosis	1729
	the grange		1929
(State or country)	Tre land	2 1 100	here an autopsy?
15. MAIDEN NAME Bridge 16. BIRTHPLACE (city or town) G. oz.	get O'Hare	23. If death was due to external ceuses (VIDLENCE) fill in also the	following:
(Stete or country)		Accident, suicide, or homicide? Dete of Injury	, 19
17. INFORMANT Washington:	Lazulapurn Record	Where did injury occur? (Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PUI	and State) BLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Date May 9, 193.	Menner of Injury	
Es.	Mese Conse	24. Wes disease or Injury In any way releted to occupation of decea	sed? ho
19. UNDERTAKER (Address) 2 900 11 11	yw Host it,	If so, specify	
20. FILED Mars 6, 19 33	No-6. No que Registrar.	(Address) 72 2 Maps Com	. Talaoma
7.0	more blanks are needed address State Region.	TO SALVE N Charles Street Relimore Provesting 71 S No	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

CORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. PHYSICIANS IS A PERMANENT stated EXACTL properly classified. BINDING TION is very important. See instructions on back of certificate. FOR UNFADING INK-THIS MARGIN RESERVED be AGE should be CAUSE OF DEATH in plain terms, so that it may supplied. mation should be carefully -WRITE PLAINLY,

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(12)
county montgomery	Registration Dist. No. 223
Village or City Takaha Park, md	No. Washington Sanitarsim & Heskitist, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	4 ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME William Samuel	Hill
(a) Residence: No. III Societ Sh. Fleetwood Pa (Usual place of abode)	L. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5 ingle	21. DATE OF DEATH war 9 (Day) (Year)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oeys If LESS than	l last saw h live alive on Leave 9, 1933; death is said to have occurred on the date stated above, at 10 to 1 m.
3 11 7 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Clark Jufluenza Jan 153
9. Industry or business In which work was done, as SILK MILL, Hosiery Mell SAW MILL, BANK, etc.	0
11. Total time (yeers) this occupation (month and year) 1929 occupation 7 470.	
12. BIRTHPLACE (city or town) Precetown (State or country) Perma.	Other Contributory Causes of importance: Acre In Medalle Face 283
I 13. NAME From L. Hill	acute Choloneitis
14. BIRTHPLACE (city or town) Presetours (Stete or country)	Name of operation halocystee formy throughte of hear 7, 33
15. MAIDEN NAME Wary and Van Bushing	What test confirmed diegnosis?
16. BIRTHPLACE (city or town) Pricetown (State or country) Pennsy	Accident, suicide, or homicide?
17. INFORMANT Sanitarium Resords (Address) Take may Persk miles	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Pa Date 3/10 ,1933	Manner of injury
19. UNDERTAKER D. B. Nigryus (Address) Wash. D. E.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mar 10, 1933 HE Dyers Registrar.	(Signed) MTTuray M. D. (Address) Jakowa Park Wal.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	E TOTAL STATE	1
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is yery important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY, W

V. S. No. 1

1. PLACE OF DEATH	(Hi-rd)
County Montgomery Co,	Registration Dist. No. 223
Village or City Cakloma Park n	2 No. 3 Roanoke are st Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
0 0	s. 2 ds. How long in U.S. if of foreign birth?mos. 2ds.
2. FULL NAME Comos ougene	ofines-
(a) Residence: No. 3 (Usual place of abode)	7 / St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	March - 4 (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	(Month) (Oay) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
m. 100 1000	mare. 2 , 1933, to mare 4 , 1933
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw hause alive on Mars f., 1933; death is said to have occurred on the date stated above, at 7,50 P. m.
M = 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occuration (mostly and the company)	Post waters
3. Industry or business in which	Tuber Hon Actions mas 3-3
work was done, as SILK MILL, SAW MILL, BANK, etc	
- 1 Shell I III III I	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Carona (Tork, Mu (State or country)	
	(Itelaclases marz-
13. NAME Roymond Armey 14. BIRTHPLACE (city or town) Montorty, Va.	
(State or country)	Name of operation Oate of
	What test confirmed diagnosis? Was there an autopsy?
The Die	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Para to the	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL . Check to	Manner of injury
Place brash Memorial Oate March 6, 1933	Nature of injury
19, UNDERFAKER Raymond Slives	24. Was disease or injury in any way related to occupation of deceased? No
(Address) Roughe ave, Takona PK	If so, specify
20, FILED Mar 6 19.33 H. E. Rogers	(Signed) for June of Patterson M. D.
Registrar.	(Address) Jakoura Park, and.

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1 Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ogo Chronic interstitial nephritis 1921 Run over by street cor 1 week ago Cerebrol hemorrhage July 5,1927 Peritonitis 3 days ogo Other contributory causes of importance: Other contributory causes of importance: Gallstones Gostroenteritis Moy 1,1923 1 ycor

BINDING

FOR

MARGIN RESERVED

1/2

STATE OF MARYLAND—CERTIFICATE OF DEATH (13)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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10	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

	•

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	(124E)
county Montgomery	Registration Dist. No. 223
Village or City Jakofua Park >	Md. No. Washington Sans St. + Hard Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	_mos6ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Calvin Georg) falla (a) Residence: No. 3734 Jacelyne St.	chesny chrose D.C.
/(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the wo	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That t attended deceased from march // 19.3 to March /7 19.3.3
6. DATE OF BIRTH (month, day, and year) Feb. 9 1893	I last saw ham alive on March 17 19.33; death is sain
7. AGE Years Months Days If LESS ti	(*, a p
40 / 8 I day,	I I I I KINCH WE CHOSE OF DEWIN and lengted causes of thibottaine
8 Trade profession or particular	n. Date of onset
kind of work done, as SPINNER, Merchaut SAWYER, BOOKKEEPER, etc. 9. tndustry or business in which work was done, as SILK MILL.	Cirrhosis of Liver 1932
SAW MILL, BANK, etc	Other Centributery Causes of importance:
(State or country)	7
13. NAME Calvin A Halland 14. BIRTHPLACE (city or town) Washington, D.	C Name of operation
(State or country)	What test confirmed diagnosis? Clinical Sy hyptique. Was there an autopsy? No
15. MAIDEN NAME Mary P. Gray	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city of town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jan Jecands (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Wash Date Mar 20, 19	Manner of injury
19. UNDERTAKER M. W. Chambas Co.	24. Was disease or injury in any way related to occupation of deceased? NO
20. FILE March 17 1238 A Experience Registre	(Signed) Avant M. C. (Address) 7.2.2 Waple aux Tahama

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	tí	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH (13080)	
1. PLACE OF DEATH		
County Mont gomery	Registration Dist. No. 2/6	
Village or City Betheo ola	ND. 19 Ilanburch Don St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
	ds. How long in U.S. if of foreign birth?yrsmosds.	
2. FULL NAME Cynthia Jane Holler	is with	
(a) Residence: No. 119 Flee Brook Noad	St., Ward,	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wilder	21. DATE OF DEATH 21. (Month) (Day) (Year)	
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Huran Trancia Hollingsworth	22. I HEREBY CERTIFY, Thet I attended deceased from 7. 20 ,1933 to Manual 12 ,1933	
6. DATE OF BIRTH (month, day, and year) Nov. 1, 1839	I last saw h_est_aliva on March 11 , 1933; death is said	
7. AGE Yaars Months Days If LESS than I dayhrs.	to have occurred on the data stated above, atm.	
93 93 4 12 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profassion, or particular kind of work done, as SPINNER, Home Make SAWYER, BDOKKEPER, etc.	arleno selecono april 1917	
SAWYER, BDOKKEEPER, etc.	Cerebral hemontages - nov- 1933	
work was dona, as SILK MILL, SAW MILL, BANK, atc.	Broncho puermonta 5 days	
kind of work done, as SPINNER, Home Make SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceesed lest worked at this occupation (month and year) 11. Total time (yeers) to spent in this occupation 7.3.		
12. BIRTHPLACE (city or town) Y passing field (State or country)	Other Coutributory Causes of importance:	
13. NAME Hugh Mc Cracken armstrong		
T		
(Stete or country) Kentusky	Name of operation	
15. MAIDEN NAME Lavinna m. Dryar 16. BIRTHPLACE (city or town)	What test confirmed diagnosis?	
0 16. BIRTHPLACE (city or town) - ?	Accident, suicide, or homicide? Date of injury, 19	
State or country) Vermont	Where did injury occur?	
17. INFORMANT Mrs. J. W. Green, Daughter (Address) /19 Flanbrook nord Betherda	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury	
Place Hampolan lown Dete March 160, 1933.	Nature of injury	
19. UNDERTAKER MANNEY E. Pumplrey	24. Was disease or injury in any way related to occupation of deceased? Zep	
(Addiess) (Rocherolo, and,	If so, spacify	

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Chary Charles Street,

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9.—The industry or business in which the work was done.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU	7			
5 to				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FUR'

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County moulamer Registration Dist. No. 2/7. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long in U.S. if of foreign birth?______yrs.____mos.____ds. 2. FULL NAME If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) married 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than to have occurred on the date stated above, at 6:30 Pm or min. Oate of onset 8. Trade, profession, or particular kind of work done, as SPINNER, PATION SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, / Low occul SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation ___ Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME FATH Name of operation__ 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? ______ Was there an autopsy?. MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car Chronie interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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9	COR	PHY	act s	
	L	.Y.	EX	
DING	IANEN	ACTI	ssified.	
BIN	ERM	EX	y cla	te.
MARGIN RESERVED FOR BINDING	B.—WRIFE PLAINLY, W UNFADING INK—THIS IS A PERMANENT CORD. E	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSIC	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact states	TION is very important. See instructions on back of certificate.
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Z	B			

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03082	
Village or City Olivey, Maryland (18	Registration Dist. No. Ohno. Mortle. Co. Hoogal St. (War f death occurred in a hospital of institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurred yrs, mos 2. FULL NAME Bessie Johnson	s3_ds. How long in U.S. if of foreign birth?yrsmosd	
(a) Residence: No. Sockerlle And (Usual place of abode)	St, Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sungle	21. DATE OF DEATH March (Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro March 17, 1933, to March 20, 1933	
5. DATE OF BIRTH (month, day, and year) Movember 21, 1924 7. AGE Years Months Days if LESS than 1 day, hrs. 27 or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Pindustry or business in which	I last saw has alive on March 30, 1933; death is set to have occurred on the date stated above, at 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of once 3///	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) The same of the	Other Contributory Causes of importance:	
13. NAME peeple Jobuson 14. BIRTHPLACE (city or rown) Lickenson Station (State or country) Mayland	Name of operation Date of What test confirmed diagnosis Spinal punctures there an autopsy? M	
15. MAIDEN NAME Sebecea Jenkins 6. BIRTHPLACE (city or town) Covlesville (State or country) Mary Cand. 17. INFORMANT Horizolal record (Address)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	
18. BURIAL, CREMATION, OR REMOVACIONALE STATEMENT Place	Manner of InjuryNature of injury	
19. UNDERTAKER Jeo Amorralia	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 3/22 , 1933 Registrar.	(Signed) Charles umvuson M. (Address) Sandy Spring Md.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis EEUI 9 8dV	3 days ago
	ξ	GEVIEDER	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		MARYLAND-	-CERTIFICATE OF DEATH	62692
1	. PLACE OF DEATH	- D	(159)	03083
	County Moulganeer	y Country	Registration Dist. No. 2	17
	Village or City Oldrey, a	Maryland	No The mouly Co. Venil Tray	
	f		(If death occurred in a hospital or institution, give its NAME instead of street	
	Length of residence in city or town where deat	n occurredyrsn	nos2.ds. How long in U.S. if of foreign birth?yrs	mosds.
2	2. FULL NAME Dewis	Dohlembur	9	
	(a) Residence: No. Ducke	roon md	St., Ward.	10.
graces	PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town MEDICAL CERTIFICATE OF DEAT	
3		SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	1
	0:	OR DIVORCED (write the word)	march 2	, 193 3
50	male White	Single	(Month) (Day)	(Year)
Ja.	HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Thet I atten	ded deceased from
_	(OI) WIFE OI		Tebruary 28, 1933, to march	
6.	DATE OF BIRTH (month, day, and year) Fel	ruary 23, 193:	I last saw h in elive on march 1 , 19	53; deeth is seid
_	AGE Years Months	Days If LESS than		
		7 1 dey,h	THE PRINCIPAL CHOSE OF DEATH and related causes of importance	
7	8. Trede, profession, or particular	7 (01	were as follows:	Date of onset
OCCUPATION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		alalectesis	2/73/3
PAT	9. Industry or business in which			1-1-1-1
CO	work wes done, es SILK MILL, SAW MILL, BANK, etc	1		
00	Date deceased last worked at this occupation (month end	11. Totel time (yeers) spent in this		
	year)	. [occupation	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city or town) Ducke	rsou	1	
_	(State or country)		- O romaleure	2/23/3
HER	13. NAME Thornes Na	blemburg		
FATHER	14. BIRTHPLACE (city or town) Luck	wown 1	Name of operation Detection Detection	of
	(State or country)		What test confirmed diagnosis?	an eutopsy?
MOTHER	15. MAIDEN NAME Leorgia	Surver	23. If death was due to external causes (VIDLENCE) fill in also the follo	wing:
10	16. BIRTHPLACE (city or town) Zelak	nour	Accident, suicide, or homicide? Date of injury	, 19
Σ	(State or country)		Where did injury occur? ?	~
17.	INFORMANT Varjoita (Address)	l deends.	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC	PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	70	Manner of injury has a second of the	
	Place QUICKURSON	Date Mar 4 , 193.	Nature of injury.	
10	UNDERTAKER W. B. DY'H	40.47	24. Was diseese or injury in any way related to occupation of deceased	h
19.	(Address) Bampiel Qu	md-	If so, specify	
20. FILED Mas 2, 1933 CS Barnsley			(Signed)	M.D.

If more blanks are needed, address tate Registrar, 2411 N. Charles Street, Baltimore, Requesting & S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Day)

(Year)

Date of onset

Was thara an autopsy?_.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

rte A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH		
infor state UPA	1. PLACE OF DEATH	(D) (D)		
n of i	County Moutgomery County	Registration Dist. No. 214		
item of should of OCC	Village or City Silver & Spring	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
t Six		ds. How long in U.S. if of foreign birth?yrs,mosds.		
CORD. Every PHYSICIANS oct statement	2. FULL NAME Hugh Thomas Land			
CORD.	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State		
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
EX	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 24 (Month) (Day) (Year)		
NDING RMANEN X A C T I classified.	5e. If married, widowed, or divorced HUSBAND of (or) WIFE of A Mark M. Land	22. I HEREBY CERTIFY, Thet I attended deceased from		
	6. DATE OF BIRTH (month, day, end year Ole, 13-1851	1 lest saw him ellve on March 27, 1933; deeth is seid		
d P erly	7. AGE Years Months Deys If LESS then	to heve occurred on the dete stated above, at		
FOR BI IS A PE stated E properly certificate	81 3 11 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceusos of importance were es follows:		
HIS be be of c	8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BODKKEPER, etc.	Ruptured Cenebral wered Many 24		
	7 Industry or business in which	July State of Warter of Mary of		
K—T nould may back	work wes done, es SILK MILL, SAW MILL, BANK, etc			
SSE INF				
ARGIN RES NFADING I oplied. AGE erms, so that instructions of	yeer) occupetion	Other Contributory Causes of importence:		
S. DIN	12. BIRTHPLACE (city or town) Qualify (State or country)			
FA] ied. ied. ns,		arterio selerona 10 gra		
MARGI UNFA supplied n terms, ee instri	13. NAME Supras V. Lana. 14. BIRTHPLACE (city or town) Ulusimia.			
M.A. Sul	14. BIRTHPLACE (city or town) Usualin (State or country)	Neme of operation Dete of		
ola si		Whet test confirmed diegnosis?		
INLY, Whe careful EATH in Fimportant.	E Company of the comp	Accident, suicide, or homicide? Date of Injury, 19		
ca TTH port	16. BIRTHPLACE (city or town)	Where did injury occur?		
A D A A	17. INFORMANT armin W. Land	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
E PLA should OF D	(Address) # 6 Park Vallie Road Salve Thring	Menner of injury		
E w w	Place Sichmone Va Detellean 24, 193	Nature of injury		
-WRITE mation sl CAUSE TION is	IN TO BE P	24. Wes disease or Injury In eny wey releted to occupation of deceased? A B		
TICH	19. UNDERTAKER Williams Of Sumpling	if so, specify		
ž ģ	25 10 00 0	(Signed) C.R. Hazue M. D.		
ż	20. FILED 3/24 , 1933 - C. Walley Registrar.	(Address) 85/2 Des ave films throng		
	3/24/33 If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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ļį	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	- 131
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N
ADDITIONAL	SPACE	run	PURIDER	STATEMENTS	DI	LILISICIA	7.4

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. plno County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred 2. FULL NAME Ward. (a) Residence: No. CORD. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4 COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) (Year) BINDING 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY, That I ettended deceased from 22. (or) WIFE of 6. DATE OF BIRTII (month, day, and yeer) to have occurred on the date steted above, et A-Days If LESS than 7. AGE Months The PRINCIPAL CAUSE OF DEATH and related causes of importance 202021 or min. Date of onset Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... RESERVED 9. Industry or business in which work was done, as SILK MILL, may back SAW MILL, BANK, etc 10. Data deceased last worked at 11. Total time (years) this occupation (month and 3 spent in this occupation . Other Contributory Causes of importance: MARGIN 12. BIRTHPLACE (city or town). (State er country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis? carefully MOTHER portant. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of Injury______ 19____ 16. BIRTHPLACE (city or town) (Stete or country) Where did Injury occur?___ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT (Address) OF Manner of injury CAUSE mation Nature of injury___ LION 24. Wes disease or injury in any way related to occupation of 19. UNDERTAKER If so, specify (Signed). Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation,

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1-1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED 3

(Address)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03057
1. PLACE OF DEATH County Monday	Registration Dist. No. 2/3
Village or City Travilul	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 77 yrs. 9 mos 2. FULL NAME (a) Residence: No. R. F. D. D. L.	St. M. Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wall Warrie de	21. DATE OF DEATH Wash (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Berlie Lowe	22. I HEREBY CERTIFY. That I attended deceased from 1930, to 25, 1933.
6. DATE OF BIRTH (month, day, and year) 25 - 09 9 7. AGE Years Months Days If LESS than	1 last saw h alive on Z / 5, 19.3.3 ; death is said
	to have occurred on the date stated above, at
7 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	External stelerosis 1925
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 1 Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	My occideles /933
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (coupation 4.0.44	
12. BIRTHPLACE (city or town) Manyland (State or country)	Other Contributory Causes of importance:
13. NAME Richard Love	
13. NAME Recland Jove 14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Date of Date of Was there an autopsy?
15. MAIDEN NAME) Yatu Eaglon	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME) Yatu Eaglon 16. BIRTHPLACE (city or town) Wangland (State or country)	Accident, suicide, or homicide?
17. INFORMANT MA PARISH	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Manner of Injury Nature of injury

Registrar.

24. Was disease or injury In any way related to occupation of deceased? If so, specify

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		II EEE S SOV	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

3,**,

BINDING

FOR

MARGIN RESERVED

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Montgomery	Registration Dist. No. 21/
Village or City Hybridate (Ill Length of residence in city or town where death occurred yrs	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATHWALL 15 , 193 3 (Year)
a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) Warch 15, 1933	I last saw h alive on, 19; death is said
AGE Years Months Days If LESS than 1 day or hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Don't A

Village or Ci Length of resid 2. FULL NAN (a) Residence PERSON. 3 SEX 5a. If married, widowe HUSBAND of (or) WIFE of 6. DATE OF BIRTH 7. AGE 8. Trade, profess OCCUPATION kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, atc. ndustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.... 10. Date daceased last worked at 11. Total time (years) a spent in this this occupation (month and vear) occupation Other Contributory Causes of importance 12. BIRTHPLACE (city or town) See Name of operation ... 14. BIRTHPLACE (city or town)_ (Stata or country) What test confirmed diagnosis?_____ Was there an autopsy?____ 23. If death was dua to external causas (VIOLENCE) fill in also the following: imports. Accident, suicide, or homicida?______ Data of injury______ 19___ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of Injury. 24. Was diseasa or Injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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CORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -WRITE PLAINLY, WATH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING N. B.-

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Mandgomery	Registration Dist. No.
Village or City Ollhand	No. Monta omeny tounty flueral strongerta ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	s. 1. 2) ds. How long in U.S. if of foreign birth? J. yrsmosds.
2. FULL NAME Day me May	
(a) Residence: No. Rollo (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) There is a supplementation of the color o	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I ettended deceased from march 12, 1933, to march 24, 1933
6. DATE OF BIRTH (month, day, and year) Chril 27, 19/6	I last sew hairs alive on March 23 , 19 33; death is seld
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 3130 A.m.
16 11 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were es follows:
8 Trade profession or particular	Samuel Sapt and in 1916
Nind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and a spent in this sec	37.97.5
10. Date deceased lest worked at this occupation (month end 3/12/33 11. Total time (years) spent in this occupation year)	
12. BIRTHPLACE (city or town) Mary and (State or country)	Other Contributory Causes of Importance: Oslerosseyleles 7 Cept 3/9/37
# 13. NAME Watter Force Ray	The state of the s
13. NAME Walter to C Ray 14. BIRTHPLACE (city or town) Washington (Stete or country)	Neme of operation Income Truph Dete of 3/13/33 Whet test confirmed diagnosis? B Francis Was there an autopsyl
15. MAIDEN NAME Sillie Hackerl	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? 22 Date of injury 2021
17. INFORMANT(Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Rockylle, md. Date Man 26, 1933	Manner of Injury
19. UNDERTAKER Warren & Purphay (Address) Rockiello, Warren and	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Mar 34, 19 33 Cfo arneley Registrar.	(Signed) M. D. (Address) And J
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL :	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1 PLACE OF DEATH County MONTGOMERY



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 223

Village or	CityT	AKOMA	PARKIN	0. 15	MANOR	CIRCLEST;	;Ward)
	² FULL	NAME JOH	N HE	WIT	T MIL	ĹS	#0####################################

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MALE WHITE SINGLE MARRIED, MARRIED OR DIVORCED (Write the word)	16 DATE OF DEATH March 7 (Pay) , 1983
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
JAN. 11 (Month) (Day) , 1 868 (Year)	that I last saw h implies on March 6, 19133
7 AGE 11 LESS than 1 day	and that death occurred on the date stated above, at 4m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or FLECT. ENG.	Aronic Myocarditis
(b) General nature of industry business, or establishment in which employed (or employer)	By history > (Buratlon) 5 yrs mos do.
* BIRTHPLACE (State or country) CAMBRIDGE MASS.	Secondary (Berallen) 772 mas de
10 NAME OF FATHER JOS. S. MILLS	(Signad) Lynwood Heiges,
of FATHER (State or country) NOVA SCOTIA	Stave to Diskash Causing Drath, or, in deaths from Violent Causes, and (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER SARAH HEWITT	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) UN KNOWN	At place is the of deathyrsmosds. State,yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was dicease contracted, If not all place all death?
(Informant) MRS Emma E. Mills	Furmer or asual rasidence
(Address) 15 MANOR CIRCLE	WASH. D.C. 3-10 1913.3
FREE Mar 8 1813 80. 6. Rogers.	20 UNDERTAKER JONA 1754 Pa. ave. N.1
if more blanks are needed address State Registrer	16 W Sarrage St. Ralto Regnesting V. S. No. 1 Wash. D. C.

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

& yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from **Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Hausekeepers business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. engaged in domestic service for wages, as Servout, Cook employed, as At school or At home. Care should be taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Doy laborer, Form laborer, Laborer "Foreman," "Manager." "Dealer." of the second statement. Never return "Laborer." mobile factory. mill; (a) Salesman, (b) Grocery: (a) Foreman. only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is uccessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. is provided for the latter statement; it should be used tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Housework, or At Home, and children, not gainfully Compositor, Architect, Locomotive engineer, various pursuits can be known. The question Stationary fireman, etc. The material worked on may form part If the occupation has been changed But in many cases, etc., without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lohar pre-umonia. Branchopmeumonia ("Pneumonia," Lohar pre-umonia. Branchopmeumonia of lungs, menin-

REAU

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. stichal, or homicidal, or as probably such, if impossible surgical operation was undertaken. For violent deatus head-homicide; Poisoned by carbolic acid-probably to determine definitely. state means of injury and qualify as accidental, "PUEHPERAL perilonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Wheeping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, esc., of . . . Example: Measles (disease eausing death), 29 ds.; or miscarriage "Old Age," "Shock," "Uraemia," "Wenkurse," by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercurg., sepsis, tetanus) may be stated Examples: as "Puerperal septichuemia," "Dropsy," State cause for which Never report mere Accidental drowning; "Exhaustion,

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

S

TATE	OF	MARYLAND—CERTIFICATE OF DEATH	030%
	U 1	MITHELLING OFFICE OF PETITI	

1. PLACE OF DEATH		93-2	
County MC	T	Registration Dist. No. 2 /	4
Village or City files	thing (No. St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where de	ath occurredyrs,mos	sds. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAME Youn	Wastley Me	tchell	
(a) Residence: No. 8 8 / 2 ((Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Make White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Man Land	Mitchell	22. I HEREBY CERTIFY, That I attended	
1	17 15 1512	March 13 , 1933, 10 March 2,	
6. DATE OF BIRTH (month, day, and year)	M. 10, 1036	I last saw h alive on March 20, 1933	.; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc	lenistes	R	Date of enset
9. tndustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	· · · · · · · · · · · · · · · · · · ·	INGUONI (ACCOUNTS	11.112
kind of work dona, as SPTNNER, SAWYER, BODKKEEPER, etc 9. tndustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc ID. Data deceased last worked at this occupation (month and year)	II. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)(State or country)	occupation .	Dther Contributory Causes of importance:	20%
1	Witchell	Myseaditi	200
13. NAME Claus (14. BIRTHPLACE (city or town)		Name of operation Date of	
(State of Country)	— •	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME Sarah	?	23. If death was dua to external causes (VIOL ENCE) fill in elso tha following	:
16. BIRTHPLACE (city or town) (Stata or country)	<u>~</u>	Accident, suicida, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Un Bertha (Addrass) Benny	Pumphrey	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL/	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Easting Md	Date March 24, 1933	Manner of injury	
19. UNDERTAKER C-H. Feel (Address) Brunner	ich md.	24. Was disease or Injury In any way related to occupation of daceased?	No.
20. FILED Man 21, 1933 7	En Windows Registrar.	(Signed) W. A. Nagure (Address) 85/2 Kw. avs. Lilvy	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Asympton	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		(GB/VIA)	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	193
1. PLACE OF DEATH	93-0	
County Moulgomery.	Registration Dist. No. 214	
Village or City Tefesing How, Man		Ward
Length of rasidence in city or town where death occurred 5 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and numb	
2. FULL NAME Mary arm	Moteur	
(a) Residence: No. Kfngar	St., Ward.	
(Usual prace of abode)	If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jewale Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		3.3 (Year)
5e. If married, widowed, or divorced HUSBAND of Crustead Moter (or) WIFE of Crustead Moter	1 HEREBY CERTIFY. That I attended doce tel 15: - 1933, to March 10:-	
6. DATE OF BIRTH (month, day, and year) Level 15, 1855	I last saw her alive on March 10-, 1933; da	ath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6:50 Pm.	
77 8 25 1 day,hrs.	THE A CHIEF TO BEATH and related causes of importance	ate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Jourse-work.	Cere bral Hewowhage "	10/9/95
kind of work dona, as SPINNER, Now SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacaased last workad at this occupation (month and specific property).		
10. Date dacased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation occupation		
12. BIRTHPLACE (city or town) Has lington, D.C.	Other Contributely Causes of importance:	1920
(State or country)	Chronie Myscarditis 1	924
13. NAME Thomas Harris	/	
13. NAME Herries Harris 14. BIRTHPLACE (city or town) Rock ricle, Zuch (State or country)	Nama of operation	Cene
15. MAIDEN NAME Mary aun Fleumen	23. If death was due to externel ceuses (VIOLENCE) fill In also the following:	
15. MAIDEN NAME Mary Clum Fleuren 16. BIRTHPLACE (city or town) & Mary Land. (State or country)	Accidant, suicida, or homicide? Data of injury Where did injury occur?	., 19
17. INFORMANT Mary E. Brown, (Address) 215-174 & SE. Washington	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Mushington Date 2/ 1937	Natura of injury	
19. UNDERTAKER (Address)	24. Was disease or Injury in any way ralated to occupation of dacaased?	0
20. FILED 3, 12, 1933 W. L. deurs	(Signed) Henry S. Brown	M. D.
Registrar.	(Address) I luseughon, L	red

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	- 1 n	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselcrosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago
		OSAMO TIM	
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1, 1923	Gastroenteritis	1 year
	5		

PHYSICLANS should state Exact statement of OCCUPA-CORD. Every item of infor-N. B.—WRITE PLAINLY, W. M. UNFADING INK—THIS IS A PERMANENTE mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940 03034
County Montgomery	Registration Dist. No. 217
Village or City Backbourt (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmos,ds
2. FULL NAME Herman an a. P.	e att
(a) Residence: No. Dunklow (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Comably Leves Pealt	22. I HEREBY CERTIFY, That I attended deceased from 19
DATE OF BIRTH (month, day, and year) Anknown	I last saw h alive on 19 death is sa
AGE Years Months Days It LESS than	to have occurred on the date stated above, at
5.5 3 1 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Frade profession or particular	Petert dred when I among Osto otonoe
kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc. 9. thdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Hestay Deepota Coronog
10. Date deceased last worked at this occupation (month and year)	Gowany Thromboses 3/21/
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of Importance:
(State or country) 13. NAME Obert Pratt	James arter Statusis ?
14. BIRTHPLACE (city or town) Care (State or country)	Name of operation Date of What test confirmed diagnosis? What test confirmed diagnosis?
15. MAIDEN NAME & Souled Cook	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME 9 School Cook 16. BIRTHPLACE (city or town) May are a supplied to the cook (State or country)	Accident, suicide, or homicide?
(7, INFORMANT	(Specify city or Iown, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sandy Sprusipate 3/2.3, 1933	Nature of Injury.
19. UNDERTAKER Gewisse R. Suoviden (Address) Rockello du d	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED MAN 23, 1933 Cb / Barusley, Registra.	(Signed) M. (Address) M.
If more blanks are needed, address State Registrar.	24.11 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		. Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915 .	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 03095
1. PLACE OF DEATH	108
County monty omen	Registration Dist. No. 2/3
Village or City Washnute	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME James Rosal &	
(a) Residence: No. A Nestrum	St. Ward.
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write-the word)	21. DATE OF DEATH Manch 19
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Vegnes teld	men 12,1933, 10 men 17, 1933
6. DATE OF BIRTH (month, day, and year)	I last sew home alive on Man, 19.33; death is said
7. AGE Years Months Deys Tf LESS than 1 day,hrs.	to have occurred on the date stated above, at
8 Trade profession or particular	were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end	Lulan harrange Blakes
9. Industry or business in which work was done, as SILK MILE	J. V.
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month end spent in this occupation ————————————————————————————————————	***************************************
12. BIRTHPLACE (city or town) Mausland	Other Coatribatory Casses of importance:
(State or country)	Noons
13. NAME Www. Reed	
14. BIRTHPLACE (city or town) - Awgland	Name of operation — Date of
(Stele of Edulity)	Whet test confirmed diagnosis? Was there en autopsy? Was there en autopsy?
15. MAIDEN NAME Sarah Showbay 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
S 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
m (0 . 1 0 . 0 . 0)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 10. White let wife 1	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL To chrele	Manner of injury
Place St. Maryo ry, m Date Mar 21, 1933	Neture of injury
19. UNDERTAKER USTU. Paubou Tumphicy	24. Was disease or Injury In any way related to occupation of deceased? Two
(Address) Verkelle Mangland	If so, specify
20 FILED 3/21 , 19 33 Mrs. brack	(Signed) M.D.
Registrar.	(Address) 20 Com and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ed causes	Date of onset
	1 week ago
	1 week ago
	3 days ago
e:	
- 74	1 year
	4"
	e:

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 7 (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town How long in U.S. if of foreign birth? ______ yrs. ____ mos. ____ ds. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIYORCED (write the word) 193.3 (Day) (Year) 5a. If married, widowed, or divorged HUSBAND 2 22. I HEREBY CERTIFY. That I attended deceased from 1933 to march 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than Days to have occurred on the date stated above, at 20 m. 1 day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 8. Trade, profession, or particular OCCUPATION kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation .. Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). Name of operation___ (State or country) What test confirmed diagnosis?____ ----- Was there an autopsy?___ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19_ 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL CREMATION OR Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	*
1	

should state CORD. Every item of inforof OCCUPA. PHYSICIANS Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, W

V. S. No. 1

STATE OF	MARTLAND-	CERTIFICATE OF DEATH	661300
1. PLACE OF DEATH	Ay	<u>(53)</u>	0303
county Montgome	ry	Registration Dist. No.	23
Village or City Takouu	e Park	No. Washington Sanitarium +5	Hoper Ward
Length of residence in city or town where death	occurredyrs,mos	s. 14 ds. How long in U.S. if of foreign birth? 35 yrs.	ds.
(a) Residence: No. 1370 9 H	*St. Wash Of (Usual place of abode)	C. St., Ward. If nonresident give city or tov	vn and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEA	тн
t. White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wedowed	21. DATE OF DEATH march 27 (Month) (Day)	, 193 3 (Year)
5a. If married, widowed, or divorced	4 1	22	
(or) WIFE of Rone Ro	berts	22. 1 HEREBY CERTIFY. That I att	
6. DATE OF BIRTH (month, day, and year)	5-1882	I last saw her alive on hear 27 19	
7. AGE Years Months	Days If LESS than	to have occurred on the data stated above, at	, death is seld
50 3	22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	e
8 Trade profession or particular	OC & UI min.	wera as follows:	Date of onset
sawyer, BOOKKEEPER, etc.	one	,	
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation month and		Carenous of	
work was dona, as SILK MILL, SAW MILL, BANK, etc.	1	Thyroid	Jan 193
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
5,	THE A	Other Contributory Causes of importance:	
12. BIRTHPLACE (city of town) Magar (State or country)	w-on-the pake	but of a	
	cda)	Melanare Careroona	
13. NAME CIMOS The	omes	of lungs	
4 14. BIRTHPLACE (city or town)	on. The-dake	Nama of operation Thegrandeclosy Dat	e of Oce 1932
(State or country)	eda	What test confirmed diagnosis? Me cracefel - Was the	re an autopsy?
15. MAIDEN NAME Colina 16. BIRTHPLACE (city or town) Maga	011	23. If death was due to external causes (VIOLENCE) fill In also tha fol	
o 16. BIRTHPLACE (city or town)	od -on-The Lasce	Accident, suicide, or homicide? Data of injury	, 19
(State or country) Care	ada	Where did injury occur? (Specify city or town, county as	nd State)
17. INFORMANT Washington San (Address) Takoma	Bark Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	to men as la	Manner of injury	
Place In a grand on 1 re Nicol	1404 6 0,19 53	Nature of injury	
19. UNDERTAKER TO Misse (Address) 2900 M M	W. This De,	24. Was disease or Injury In any way related to occupation of decease If so, specify	d? ho
20. FILED Max 28, 1933 Xo.	E. Rogers/ Registrar.	(Signet) Myrieman (Address) Takawa fark w	M. D.
If more blanks	s are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

STATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH USUS!
1. PLACE OF DEATH	——————————————————————————————————————
County mouly mery	Registration Dist. No.
Village or City Olicey, Ind.	Mo. Moule Co. General No Stella Ward feath occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs,mos	8. & 6. ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clebesea Sh	aeffer.
(a) Residence: No. Scoolewille Mary (Usual place of abode)	LaSkeel Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 2/ (Month) (Dev) (Year)
5a. If married, widowed, or divorced HUSBANO of	(100)
(or) WIFE of m. undrew Shaeffer	722. I HEREBY CERTIFY. That I attended deceased from 7 elineary 1 1932, to March 21 1933
6. DATE OF BIRTH (month, day, and year) Sept. 10, 1866	Hast saw her alive on March 20 ,19 33; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm,
47 6 10 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	2 7 3
9 Industry or business in which	musis as some 1 173 073
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Mouls onean Co.	Other Contributory Causes of importance:
(State or country)	Para di
13. NAME Bath Am Beall	11/2 2
13. NAME Sartholon Beall 14. BIRTHPLACE (city or town) + rederick Co.	Name of operation Oate of
(State or country) . Marshaud	What test confirmed diagnosis? *** Was there an autopsy? Was there are autopsy?
15. MAIDEN NAME min Dickenberger	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Dies & Gekenberger 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(State or country) Pennsylvania.	Where did injury occur?
17. INFORMANT Trespital Record. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Stropevellend Date Mar 23, 1983	Nature of injury
19. UNDERTAKER USA Reuben Purphy (Address) Rockwille ma f	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Mass 22, 1933 CBarnsley Registrar.	(Signed) M. D. (Address) Suited Spring Ald
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of emlepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED B.—WRITE PLAINEY, W.— UNFADING INK-THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1

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	OF MARYLAND—	CERTIFICATE OF DEATH	nno
1. PLACE OF DEATH	10.		1038
County Mongom	ory of	Registration Dist. No. 2//	
Village or City O provins		No St.,	Ward
Length of residence in city or town where		f death occurred in a hospital or institution, give its NAME instead of street and research. ds. How long in U.S. if of foreign birth?mrsme	
2. FULL NAME OSLEN	2 Day pres		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	DIA(C
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 14 (Month) (Day)	, 1933 (Year)
5a. If married, widowed, or diverced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year)	St. Shipley an. 13, 18, 33	1 HEREBY CERTIFY. That yattended 12. 1933, to furth 14 11ast saw h 12. alive on March 13. 1933	1933
7. AGE Years Months	Days I If LESS than	to have occurred on the date stated above, at Z	, ucatii is said
100 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housework	were as follows: Genebral Hammerhage	Oate of onset
9. Industry or business in which			
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
10: Date deceased last worked at this occupation (month and 1924)	11. Total time (years)		
12. BIRTHPLACE (city or town) 260001	and be	Other Contributary Causes of importance: Trip: and and ante Broadite	2 mg. 4
13. NAME Samuel	Snowden		
13. NAME Samuel 14. BIRTHPLACE (city or town) (State or country)	ward bo.	Name of operation Date of	7,
	· Sell-	What test confirmed diegnosis? Was there an a	
15. MAIDEN NAME RANCE 16. BIRTHPLACE (city or town) (State or country)	Honard bo,	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury	
17. INFORMANT Educido A. (Address) & D. Jenn	Stripley mantoun (m).	Where did injury occur?	CE.
18. BURIAL, CREMATION, OR REMOVAL	300	Menner of Injury	
Place Settlesda Com.	Dajo Reh. 17 , 1933	Nature of injury	
19. UNDERTAKER AND STANDARD ST	Birber	24. Was disease or injury in eny way related to occupation of deceased?	20
20. FILED Onar. 14, 1933 Del	la N. Burdetts.	(Signed) Leage M. Boyer. (Address) Damasexx m	A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
BURRAU V. D.	1490		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS BY	PHYSICIAN
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should state of OCCUPAitem of infor-PHYSICIANS CORD. Every Exact statement stated EXACTLY. A PERMANENT properly classified. FOR BINDING TION is very important. See instructions on back of certificate. UNFADING INK-THIS IS MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may supplied. mation should be carefully Ä

1. PLACE OF DEATH		108		U.	3039
County Montagomery			Registration	on Dist. No.	213
Village or City Hedland		NoNo		St	Ward
let		death occurred in a hospital o		ME instead of street a	and number)
Length of residence in city or town where death occurred	mos.	ds. How long in t	J.S. If of foreign birth?	yrs	mosds.
2. FULL NAME Hay Stand	ly St	ruders Pour	& Trad	0	
(a) Residence: No. / Maland / (Usual place of all	ode)	Court ic Main.	If nonresid	ent give city or town	and State
PERSONAL AND STATISTICAL PARTICUL	LARS	MEDIC	AL CERTIFICA	TE OF DEATH	н
3. SEX 4. COLOR OR RACE OR DIVORCED (w) Male Visite S. SINGLE, MARRIED, OR DIVORCED (w)	rite the word)	21. DATE OF DEA	TH Man	ch 10	7 , 193 3
5a. If married, widowed, or divorced				(Day)	(1641)
HUSBAND of (or) WIFE of		march.	EBY CERTI	FY. That I atten	19
6. DATE OF BIRTH (month, day, and year) Feb. 18, 19	24	I last saw hazar alive		h 10,195	
7. AGE Years Months Days	If LESS than	to have occurred on the da	ite stated above, at	Pe.m.	
	day,hrs.	The PRINCIPAL CAUSE Of were as follows:	F DEATH and related co	auses of Importanca	1
8. Trade, profession, or particular	0				Date of enset
kind of work dona, as SPINNER, Acloud - A	roy	Lobar	kneum	great	mench
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occuration (month that	0			•••••••	3 193
1D. Data deceased last worked at this occupation (month and murch 33 spent in occupation)	this				
12. BIRTHPLACE (city or town) Montgomery (State or country)	ounty	Other Contributory Causes	of importance:	endra	no mos
		ites To	yocasai	les, our	193
13. NAME Kobert Souler	2	mittal so	laufficie	ney	
13. NAME Kobert Souler 14. BIRTHPLACE (city or town) Ja- (State or country)		Name of operation	HANG History Y	Shanker	an Gutopsy? 724
15. MAIDEN NAME Mudel Acherons	Eback	23. If death was due to exte	1.7		
15. MAIDEN NAME Mande Acherons 16. BIRTHPLACE (city or town) Mandagorous Acherons) Co-	Accident, suicide, or homic	side?	Date of injury	, 19
(State or country)	1-	Where did injury occur?	(Saccifus in		S
17. INFORMANT Ma Koft Soude. (Address)	<i>y</i>	Specify whether injury occ	urred In INDUSTRY, in	or town, county and DME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0 93	Manner of injury			
Place Barnstour Date May (3 ,1983	Natura of Injury		1	
19. UNDERTAKER 6 La Faylines (Address)) h	24. Was disease or injury li	any way related to occ	cupation of deceased?	no.
20. FILED 3/13 , 1933 Mrs. W. T. B	Registrar.	(Signed) (Address)	Mule Le	ille n	M. D.
If more blanks are needed, address	-	, , , , , , , , , , , , , , , , , , , ,	tore Requesting 71 S)	Vo .	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of on of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURGEUV				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Distriction of the contraction o	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	· · · · · · · · · · · · · · · · · · ·
PENTATUTATION T AT C	tated EXACT	roperly classified	rtificate.
TOTAL TANK	E should be si	lat it may be p	is on back of ce
A CIVIL ALLIAN	y supplied. A	lain terms, so tl	See instruction
יין יווודד ד חיווים וויים	mation should be careful	CAUSE OF DEATH in p	TION is very important. See instructions on back of certificate.

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County hung may	Registration Dist. No. 2/-8
	M NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME alice agues de	tacks
(a) Residence: No. Maca Cabric (the (Usual place of abode)	Y St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 6 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of The M. Id. Stacks	1933 to Was 6 1933
6. DATE OF BIRTH (month, day, and year)	I last saw h 1 alive on May 5 19.33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
76 9 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance, were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	arters scleroses Date of Deet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation with and	
10. Dato deceased last worked at this occupation with and the year) 11. Total time (lears) spent in this 3 occupation 3 6	
20/1,	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	ey naurum
13. NAME 14. Klaly 14. BIRTHPLACE (city or town) 7/11	
14. BIRTHPLACE (city or town) 7 (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? Zso
15. MAIDEN NAME Elizabeth Colin	3. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19, 19
17. INFORMANT The By Stacks (Address) Butter M. M. M.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL St. Yakebs Cent.	Manner of injury
Place Tolomac - Mcf Date Mar 9, 1933	Nature of injury
19. UNDERTAKER Wy Routen Pungling (Address)	24. Was disease or injury in any way related to occupation of deceased?
3/a 22 h 2/ 1 P	(Signed) M. P.
20. FILED 1933 Mus - W J. Vealt Registrar.	(Address) 1330-3016/51 Wilh

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

BINDING

RESERVED

MARGIN

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Example I	17	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V 8				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (13192					
1. PLACE OF DEATH	(2)					
County montgomery	Registration Dist. No. $2/3$					
Village or City Darmeslow	NDSt., Ward					
(If Length of residence in city or town where death occurred, 14-yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)					
2. FULL NAME Agues Mas	Valter					
(a) Residence: No. RADH2 Germania	Ward.					
(d) Residence. No. / C/4 / (Usual place of abode)	ff nonresident give city or town and State					
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH					
Jewale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)					
5a. If married, widowad, or divorced HUSBAND of Cor) WIFE of Elmer B. Malters.	22. I HEREBY CERTIFY, That I attended deceased from					
6. DATE OF BIRTH (month, day, and year) Way 3. 1880	I last saw here ative on Moroh 10" 1933; death is said					
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 420A.m.					
52 /0 7 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:					
8 Trade profession or particular	Moute deliction of hearf - Date of onset					
9. Industry or business in which	Colloid Coulie					
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and specific property).	Chronic omporardities duration, ten					
o this occupation (month and 3-9-33 spent in this 3 44-	gears. Cw&R					
12. BIRTHPLACE (city or town) Bessel Long (State or country)	Other Coutributory Causes of importance:					
13. NAME Slophen Ruslin						
14. BIRTHPLACE (city or town) Musley	Name of operation. A Date of Date of					
(State of County)	What test confirmed diagnosis? Lineal Me Was there an autopsy?					
15. MAIDEN NAME Mary Made	23. If death was due to external causes (VIOL ENCE) fill in also tha following:					
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?					
17. INFORMANT Elmon B. haeter	Where did injury occur?					
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury					
Place Berneville Date 3 - 13 1933	Nature of injury					
19. UNDERTAKER Ernest Garlines (Address)	24. Was disease or injury in any way related to occupation of deceased?					
20. FILED 3/10: 1930 4 Vanner Registrar.	(Signed) A Moure M. D. (Address) Damoundle M.					
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.						

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal eause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attock of epilepsy 1 week and Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

-WRITE PLAINLY, W. UNFADING INA-IIIIS IS A STACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY, W.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 63103
1. PLACE OF DEATH	(3)
County (Montgomery	Registration Dist. Np. 244
Village or City Burnt Mills	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	des. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME & Wesley Warner	
(a) Residence: No. Burnt Mills	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE A, A. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 9, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of	22 LUEDERY GERTIEV THE
(or) HIEE of Caroling Kebbeca Warnes	22. October 1/ 1932 to Manual 9 1933
6. DATE OF BIRTH (month, day, and year) may 16, 1871	I last saw h Im alive on march 3, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et _ 6:00 Am.
6/ 9 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chronic Interstitis rephritis 1927
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	miles Staring 1920
10. Date deceased last worked at this occupation (month and 1930 spent in this occupation.	1.16.1
on DIDTURE ACT (The section) De mantes to the contract of	Dther Contributary Causes of importance:
12. BIRTHPLACE (city or town) Management (State or country)	
13. NAME George Mosley Warner 14. BIRTHPLACE (city or town) Monlyomen, Co.	
14. BIRTHPLACE (city or town) Montgomeny Con	Name of operation Date of Date of
(State of country)	Whet test confirmed diagnosis? Clinical Was there an autopsy? No.
15. MAIDEN NAME Crimative Smith	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Enmalue Smith 16. BIRTHPLACE (city or town) Montgomery Co.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Sarah Brown (sister) (Address) Selver Shrings	Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 13-11/933	Manner of injury
Plece	Nature of injury
19. UNDERTAKER GO J. Monden	24. Was disease or injury in any wey related to occupation of deceased?
	(Signed) We kaley Sewell M.D.
20. FILED CULT 11 1933 J. E. Dan Con Registrar	(Address) Silver Springs And
If more blanks are needed, assess State Registrary	2477 N. Charles Street Bellimore Passesting 71 S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Pcritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
						The second



PHYSICIANS should state item of infor-Exact statement of OCCUPA-CORD. Every stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be supplied. mation should be carefully N. B.—WRITE PLAINLY, W.

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH 03104
1. PLACE OF DEATH) // Mygopley	93.20
County Sugo Mol.	Registration Dist. No. 214
Village or City	NoSt.,Ward
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long In U.S. if of foreign birth?yrsmosds
M	
	SON
(a) Residence: No. (Usual place of abode)	St., Ward. If conresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the vord)	M4RCH 5 1933
5a. If married, widowed, or-divorced, A	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22, 1 HEREBY CERTLEY, That I attended deceased from
Company of the apply of	December , 1933, 10 march 5, 1933
6. DATE OF BIRTH (month, day, and year)	I last saw h ER alive on March 1923; death is said
7. AGE Years Months Days If LESS that 1 day, 1 day, 1	
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. ADMACLE SAWYER, BOOKKEEPER, etc	Cardiae Relatations
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this	
this occupation (month and year)	
12. BIRTHPLACE (city or town)	Othar Contributory Causes of importance:
(State or country)	MA MATERIA
13. NAME Fielder Wools	J. J
14. BIRTHPLACE (city or town)	Name of operation. Date of
(State or country)	What test confirmed diagnosis? Church Was there an autopsy?
15. MAIDEN NAME // MK MOUNT	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
Prostly & lipton	(Specify city or towo, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) SO AS SO KINA	7 Spearly mount mighty observed in interesting, in interest react.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Pollmont em Date 3/8, 193	3. Nature of Injury
10 HADESTANCE OF GO LA CATA PCA	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER 1.27. HOWYO (Address) 432 Won & N. W	If so, specify
	(Signed) M. M. G. Aleman M. D.
20. FILED May 5, 1933 Do What Registrar.	(Address) // 3 Parall /X Telan Olor
	rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		5561 9 89A	
Other contributory causes of importance:	y .	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	Y- 1 1.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Julu5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

	SCORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	(
INDING	RMANEN	EXACTL	classified.	6)
FOR B	IS A PF	stated I	properly	certificate
V.S. No. 1 MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, W. H UNFADING INK-THIS IS A PERMANENT SCORD. Every item of infor-	mation should be extefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATT in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	<u> </u>	
County Moulgomery	Registration Dist. No. 2/3	
Village or City To charelle Wiles	No. Davelly Sanalino St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurred3yrs,6mos	ds. How long in U.S. if of foreign birth?	
2. FULL NAME Canes of rvoles	Wise	
(a) Residence: No. Wdolmiglow D.S. (Utilal place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH March 26 (Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from	
7.0-1-1850		
6. DATE OF BIRTH (month, day/and year) 720 6 7 8 9 9 7. AGE Years / Months Days If LESS than	I last saw h alive on	
7.4 / 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Larlinoma Stomach 1932	
	- Jan-	
9 industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decessad last worked at this occupation (month and the company of the company o		
10. Data decessad last worked at this occupation (month and yaar) 11. Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town) Urgmia (State or country)	Other Contributory Causes of importance:	
13. NAME John Deurs Brooke		
13. NAME VIM Toeiro Brooke. 14. BIRTHPLACE (city or town) Ja., (State or country)	Name of operation 2001 Date of Was there an autopsy? According to the state of the	
15. MAIDEN NAME Maria & Cishby	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Maria to Cishley 16. BIRTHPLACE (city or town) (Stata or country)	Accidant, suicide, or homicide? Data of injury, 19	
17. INFORMANT Strucy a Wist (son) (Address) B + B - VRo chwill mo	Where did injury occur? (Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Da Date Mar 28, 19.33	Manner of injury	
19. UNDERTAKER Wys. Rouben Tumpolity. (Address) For Exvelle	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 3 - 27, 1933 ms 2 T. Viale Registrar.	(Signed) M N terry M D M.D. (Address) 800 16 3 ft n M.	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting 1 18. Mort	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
00 - 17 - 18 - 18 - 18 - 18 - 18 - 18 - 18			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year